	00 100	O 5	BALTIMORE CITY	Y HEALTH DEPA	KIMENI		02 10501	
BIRTH NO. M.E. CASE NO.	66 105	01	CERTIFICA	TE OF D		Registered No.	abut	,
1. NAME OF DECE (Type or Print)	ASED RME		G. B4	- 7		17/1966		
. PLACE OF DEA	TH IN BALTIMORE MA	PYLAND	G. Dy		-	deceased lived. If in	nstitution: residence before adm	P M
TEACE OF CL.	III III Destricted	RIENIO	,	A. STATE	B. COUNT	TY _	1311Ullula lasidense senete sen	il paron,
FULL NAME OF	F (If not in hospital oddress or location	or institution, give st	reet		NYLAN		1	)
INSTITUTION	addiese of lacoust			A			RURAL and give township)	1
40	2 10 10 10 10				DOESS -W	urol, give location)	10	_
SINAI	Hosp.			434	3 KE	SIERST	rown Rd	
SEX	6. RACE	7. MARRIED, NEVE WIDOWED, DIVE	ORCED (specify)	8. DATE OF BIR	TH SEE	ost birthday)	If Under 1 Yr. If Under 2 Months Days Hours	4 Hrs. Min.
A. USUAL OCCU	JPATION (Give kind of work	-	VESS OR INDUSTRY	11. BIRTHPLACE	E (State or foreig	in country)	12. CITIZEN OF	
one during most of v	working life, even if retired)	0 1	a sa ra			B. W. T.	WHAT COUNTRY?	
KABUI		05N ON	TRADIO					
FATHER'S NAM	AE D			14. MOTHER'S				
OSEPH.	VOSIAH DI	yed		SAMAH	Eliza	OCTA		
	Ever in U. S. Armed For		OCIAL	17. INFORMANT		1	ADDRESS	
1	(If yes, give war or date	s at service!	ECURITY NO.	10050	NE G	WAD 430	of Forest Pr.	for
NO		2/06-1	CAUSE C	OF DEATH	100.0	7.00 100	INTERVAL BETWEE	N (
18. 4	O / I		CAUSE	DEATH	00		ONSET AND DEAT	rH ,
	E OR CONDITION DIE	ECTLY	m	. 10	1:11 =	la to	1 1 1 011	1
(This does n	of mean the mode of		DUE TO	your	aiai v	garenos	V / man	
heart failure,	asthenia, etc. It meons	the disease,	^	1-1	1	1 1	1.	,
			(B) (In	tonosc	lesale	a heart	Lisease Uni	Enge
	ANTECEDENT CAUSES		DUE TO	0	1		1	
	OR CONDITIONS, if a obove couse (A)		in He	mo ad Vis	1	to made	and link	
	G CONDITION lost.	storing me	(0)	The contract of the contract o	Y.Y.			MICH CO. S.
	- 11			V				
	FICANT CONDITIONS C							
I IO IIIL O	EATH BUT NOT RELA							
1 194 DATE OF	OPERATION 198. CON	IDITION FOR WHICH	OPERATION	20A. AUTOP	SY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED	
07	one WAS PER	FORMED		n	0	IN CEKIIFTING CA	(0252 OL DEVIUL	
OR CONTRIBU	NT WAS UNDERLYING	21B. PLAC	E OF INJURY (e.g.,	in or obout 21 C. W	VHERE DID	(If in Baltimor	re City, give exact lacation)	
DEATH (notify	medical examiner	No etc.)	n, toctory, since,	mice olog., may on	IT OCCUR:			
21 D. TIME	(Manth) (Day) (Year)	(Hour) 21E, INJU	RY OCCURRED	21 F. H	IOW DID INJU	JRY OCCUR?		
S OF INJURI		While At	Not Whi					
(APPROX.)		Wark	At Wark		1		0-11	1
22. I certify	that HT(this haspital	) attended the dec	ceased from	augus	1	966 10	October 19	66
that (HT (we)	lost saw the decease	d alive an	10/1	7 19 66	and the	of in (my) (our) op	inion death accurred on th	ne do
	from the causes sto							
23A. SIGNATU			/ (6.5/ (6.5.)	**************************************	Jilor Gooms		23 B. DATE SIGNED	
	twit	1	M.D. Att	tending	Med.	Stoff 🔀	10/11/1	
	X Jen	ran	Phy	ys.	Director	Phys.	10/18/66	
23C.PHYSICIA NAME (T	N'S ype)		- 100	23D. ADDRESS	, 11	c 1	1 - At	
	D. W. S.	TEWAR	T M.D.	Sind	i H	spita	, Ballo.	me
4A. BURIAL CRE		24C, NAME o	CEMETERY or CR	REMATORY	24D, LC	CATION (C	city, lown, or county)	State)
REMOVAL.	recity)	st met	AUDURA		R	ALTU M		
SA, DATE REC'D	BY HEALTH DEET	258, NAME OF REG	GISTRAR		AL DIRECTOR		ADDRESS	
SA. DATE REC D			Jalle 14	25C. FONER	frut K	21/mm 17	8N.GILMUN	50
	OCT 19 1966	Maria (1) C	Manko	3777	5	14 63	0 11 G/C/100	
VS 150-REV. 1/1/8	65	Uprovers	7 0000		44			

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00 10500	CITY HEALTH DEPARTMENT
MRTH NO. 66 10502 CERTIFIC	CATE OF DEATH Registered No. 65 10502
I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) Raymond W. Royston	Oct. 15, 1966 11:55 1
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before odmis A, STATE 8. COUNTY
FIRE MANAGE OF the case in bounded or institution	Mary land
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
INSTITUTION	Baltinore 26-07
Maryland General Hospital	D. STREET ADDRESS (If rurol, give location)
1/6	609 5 Macon ST.
SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr.   If Under 24
MIDOWED, DIVORCED (specify	
A. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDU	66
and during most of working title even if satired?	WHAT COUNTRY?
Foreman Railroad.	Maryland U.S.A.
FATHERS NAME	14. MOTHER'S MAIDEN NAME
Edmund Royston	Virginia Lowe
. Was Deceased Ever in U. S. Armed Forces?	17. INFORMANT ADDRESS
es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Many Royston 6095 Macon ST 111
110 /1-07-2/	Of chife) Baltimere. Md.
18. 4. 10 X I	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	hemorray edema
(This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. II means the disease,	of Rhematia heurt decide
injury or complication which caused death.)	@ methal insufficiency
ANTECEDENT CAUSES (B)	- maine mounting
DISEASES OR CONDITIONS, if ony, giving	
rise to the obove cause (A) stoting the (C)	/
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
218. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e	e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street DEATH (notify medical examiner)	et, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY	While
	Work
22. I certify that (I) (this hospital) attended the deceased fram_	Sept. 18 1966 to Oct. 15 196
that (1) (we) last saw the deceased alive an Oct. 1	5 19 6 6 and that in (my) (aur) apinian death occurred an the
and haur and fram the causes stated above. (1) (We) (did) (did no	
23A. SIGNATURE	23 B. DATE SIGNED
M.D. M.D.	Attending Med. Stoff St
11. 11. money sower	
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
	M.D.
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION (City, town, or county) (Ste
BEMOVAL (Specify) Patia 1061 Mt 7:00 (	The tens Francisco / 10/
SA. DATE REC'D BY HEALTH DEPT. 1258. NAME OF REGISTRAR	125CAUNERAL DIRECTOR
230, NAME OF REGISTRAR	The state of the s
APT 19 1966 M M. RE. Stalk	with the the thousand the thought

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61-3250 66 10503		HEALTH DEPARTMENT		66 10503 F
akin No.	CERTIFICA	TE OF DEATH	Registered No.	00 10000
A.E. CASE NO.		2, DATE A	ND HOUR OF DEATH	~.7
Type or Print) CHATMON, GEOF	FREY		10/16/66	1138 4.
PLACE OF DEATH IN BALTIMORE, MARYLAND	7 11 60 1			ution: residence before admission
		MARYLA		
FULL NAME OF (If not in hospitat or institution, given HOSPITAL OR oddress or location)	re street		Itside city limits, write RUR	A CONTRACTOR CONTRACTOR
INSTITUTION			ST.	AL and diversity its in a
Tue tours used the lines		BALTIM D. STREET ADDRESS (III	rurol, give location)	
THE JOHNS HOPKINS HOSE	PITAL	0745	toron give to contain	
L DAGE TY AM ADDIED N	IEVED AAA DOLED	B. DATE OF BIRTH	9. AGE fin years	
6. RACE 7. MARRIED, N WIDOWED,	DIVORCED (specify)	B. DAIL OF BIKIN	last birthdoy)	Under 1 Yr. If Under 24 Hrs North's Doys Hours Min.
	MARRIED	11-2-61	4	
DA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF Bone during most of working lile, even if retired)	SUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	2. CITIZEN OF WHAT COUNTRY?
the during most of working the, even it remedy	and the same of th	Bath,	nd	
FATHERS NAME		14. MOTHER'S MAIDEN NA	ME.	
Part Marin	. 1	JOYCE (	1.1	
all paris jone	0		aamou	
es, no or unknown) fif yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
74-4		Jayres ( hi	almon -23	17 Callow ane
118.	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	0		P MACC & 300	ation 1 kg
(This does not mean the made of dying, e.g.,	DUE TO	piratury strest 2	vides shike cellin	e rom
heart foilure, asthenio, etc. 11 means the disease, injury or camplication which caused death.)				= . ( )
	(B) Pe	ritonitis, rupt	had eppendix	24 Ms
ANTECEDENT CAUSES	DUE TO		17	••••••••••••••••••••••••••••••••••••••
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(6)	- 1 - 1 Alamas	an an contr	
UNDERLYING CONDITION last.	(0)	endiced chauss	green neg seprice	3712
- 11				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 198. CONDITION FOR WI	HICH OPERATION	20A. AUTOPSY? IYes or N		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION WAS PERFORMED Per.	tan:tio	Yes	IN CERTIFYING CAUSE	S OF DEATH?
D 121 A. ACCIDENT WAS UNDERLYING 121 B. P	LACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID		ity, give exact location)
OR CONTRIBUTING CAUSE OF home, DEATH (notify medical examiner)	form, factory, street, of	ffice bldg., INJURY OCCUR?		***************************************
OF INJURY	NJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
(APPROX) While	At Work	е		
22. I certify that (1) (this hospital) attended the		10/15	19 66 to 1	0/16 1966
<b>5</b>	1			
that (1) (we) lost sow the deceased alive on				n death occurred on the do
and hour and fram the couses stated above.	(We) (did) (did not) v	riew the body ofter death.		
23A. SIGNATURE				B. DATE SIGNED
R. J. H	M.D. Atte	ending Med.	Stoff Phys. (Intern)	10/16/66
23C. PHYSICIAN'S		23D. ADDRESS	111/3 (211/1-11)	1,0100
NAME (Type) P	.1	71	Hephins Hosp	101
Nichard L. Huru	M.D.		Hephini Hospi	4 = 1
4A. BURIAL CREMATION, 248. DATE 24C. NAME (Specify)	ME CEMETERY OF CRI	EMATORY A 24D.	LOCATION (City,	town, or county) (Stote)
MINIAO M	t. 11116	111411/00 -	the the	Mal
5A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF	REGISTRAR	25C FUNERAL DIRECTO	R.A	AQDRESS
OCT 19 1966 (20	8- 9 To 0.00	13 600 0011111	B. Dec 10.	27/11/11/11/11/11
. 1000	O C. Markedy	- Laure Fill	more 180	110 min and
S 150-REV. 1/1/65				1



VS 150-REV. 1/1/65

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a hospital

				BALTIMORE CITY	HEALTH DEPARTMENT		66 10504
BiR	TH NO.	66	10504	CERTIFICA	TE OF DEATH	Registered No	00 10004
	E CASE NO.			CERTIFICA			
	pe or Print)	0	seph A. Si	mrcina		er 17, 1966	6;35 a M.
3.	PLACE OF DEA	TH IN BALTIMO			4. USUAL RESIDENCE (When A. STATE B. COUN	re deceased lived. If ins	stitution: residence before admission)
	FULL NAME O HOSPITAL OR	F (If not in oddress o	hospital ar instituti r location)	on, give street		teide city limits writers	WAAL and give township)
'	NSTITUTION	533 N	. Belnord	Avenue	Baltimore		1-02
L	00				533 N. Beln	rurol, give location)  ond Avenue	
5. 5	ale	6. RACE	7. MARR	WED, NEVER MARRIED WED, PIVORCED (specify)	Feb. 2, 1907	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs Min.
		JPATION (Give kir		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	Self, e			vare Store	Maryland		USA
13.	FATHER'S NAN	AE'			14. MOTHER'S MAIDEN NA	ME	
	Jame	es F. Smr	cina		Emma	Rack	
		Ever in U. S. A.	med Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			213 05 2252	Anna B. Smrc	ina 533 N. E	Belnond Avenue
	18. 420	01/1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITI			· · · · · · · · · · · · · · · · · · ·	hora	
	(This does n heart failure,	of mean the masthenio, etc. It	node of dying,		unuj Shn	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		plication which		(8)			
		ANTECEDENT (		DUE TO			
	rise to the		IS, if any, giv se (A) stoling lost.	_	***************************************		
1		- 11					
ATION	TO THE DI	FICANT CONDIT	TIONS CONTRIBUTED TO				
CERTIFICATION		OPERATION 1		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
A	OR CONTRIBU	TING CAUSE	OF _	21B. PLACE OF INJURY (e.g., i home, farm, factory, street, a etc.)	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact locotion)
MEDIC	21 D. TIME OF INJURY	(Month) (Day)		21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
>	(APPROX.)			While At Work Not While At Work			/
	22. I certify	that (1) (this h	aspitol) attend	ed the deceosed fram	9/6-,	19 ta	19.6
	that (I) (we)	lost saw the	leceased alive	on	19 and th	ot in (my) (our) apir	nion death occurred on the date
			es stated abav	e. (1) (We) (did) (did not) v	view the bady after death.		Tool BATT COME
	23A. SIGNATU	XE	1-16	M.D. Atte	ending Med.	Stoff	23B. DATE SIGNED
	23C. PHYSICIA	Nr.	les IT Ja	Phy	23D. ADDRESS	Phys.	10/17/66
	NAME (T)		60001	110	3400 E G	Bette mare	St Bellemore
244	BURIAL CREA	MATION, 24B. E		C. NAME OF CEMETERY OF CR	EMATORY 24D. L	OCATION (Cit	y, town, or county) (State)
	Burial	Oc.	+ 20, 1966	Holy Redeemer	Cemetery Ba	ltimore, Man	wland.
25A	. DATE REC'D	BY HEALTH DE	1. 258. NAM	AE OF RECHURAR	250 FUNERAL DIRECTOR		ADDRESS
	U.	OI TO K	المال المال	D C' Admini	Mily S. Cu	1211 (h	resaco Avenue

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1.7. 3 1 12.1 12.				
RTH NO. 66 10505	CERTIFICAT	E OF DEATH	Registered No.	66 10505
A.E. CASE NO. NAME OF DECEASED		D DATE AN	D HOUR OF DEATH	
	/illiam		15/66	0.15 D
PLACE OF DEATH IN BALTIMORE, MARYLAND	4	4. USUAL RESIDENCE (When	e deceosed lived. If ins	8:15 P
FULL NAME OF (If not in hospital or institution, grand HOSPITAL OR oddress or location)	ve street	MARYLAND		Balto.Co
INSTITUTION		D 41 T 1140D B	side city limits, write RI	JRAL ond give township)
ST. AGNES HOSPITAL	[1	0.16.1.10.16	urol, give location)	. 5 5 - 00
+n		168 STAFFOR	D STREET	
	DIVORCED (specify)		9. AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
MALE WHITE WIDOWE		10/11/03	63	
DA. USUAL OCCUPATION (Give kind of work 10B, KIND OF I	BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED		MARYLAND		USA
FATHER'S NAME	14	4. MOTHER'S MAIDEN NA	AE	
WALLACE W. WELLS		BOCK (CAR	RIE)	
. Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL 17	7. INFORMANT MRS. DO	TODEC HADDET	CAME AC / d
	SECURITY NO.	T. AGNES REC		
NO	CAUSE OF	-	OKOS WILL	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		0 0		ONSET AND DEATH
LEADING TO DEATH	(A)	who war	Edoma	
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	0		<b>y</b>
injury at camplication which caused death,)	/+	F D Ma D	. 20	0.
	96. 4	Du 1000 D	ALCO DIOT	99
ANTECEDENT CAUSES	(B) DUE TO	Dundle D	auch Stor	2
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving	DUE TO	-SCVD	auch Olor	
ANTECEDENT CAUSES	DUE TO	-SCVD	anch 960	2
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	DUE TO	-SCVD	duch Glod	2
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.	DUE TO	-SCVD	Oremin	2
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	co. A	elletus and	John Dlowing Cau	INDINGS CONSIDERED SES OF DEATH?
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 19B. CONDITION FOR WWAS PERFORMED  OR CONTRIBUTING CAUSE OF home.  DEATH (notify medical examiner)	co. A	No or obout 21 C. WHERE DID	IN CERTIFYING CAU	INDINGS CONSIDERED SES OF DEATH? City, give exact location)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. F. DEATH (Month) (Day) (Year) (Hour) 21B. F. DEATH (notify medical examiner)	LI Obelle WHICH OPERATION	No or obout 21 C. WHERE DID	(II in Boltimore	SES OF DEATH?
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 19B. CONDITION FOR WWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. F home, etc.)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. I while	HICH OPERATION  PLACE OF INJURY (e.g., in of form, foctory, street, office injury occurred by the state of th	or obout 21 C. WHERE DID to bldg., INJURY OCCUR?	(II in Boltimore	SES OF DEATH?
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving tise to the abave cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WWAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. A CCIDENT WAS UNDERLYING home, etc.)  21B. F home, etc.)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. If While (APPROX.)	DUE TO  (C) A  CLICATED A  HICH OPERATION  PLACE OF INJURY (e.g., in of the control of the contr	or obout 21C. WHERE DID INJURY OCCUR?	(II in Boltimore	SES OF DEATH?  City, give exact location)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION FOR WWAS PERFORMED  OR CONTRIBUTING CAUSE OF home. etc.)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home. etc.)  DEATH (notify medical examiner) 21B. F home. etc.)  OF INJURY (APPROX.) (Hour) 21E. I While Work	HICH OPERATION  PLACE OF INJURY (e.g., in office of the control of	or obout 21C. WHERE DID INJURY OCCUR?	(II in Boltimore	SES OF DEATH?  City, give exact location)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WWAS PERFORMED  OR CONTRIBUTING CAUSE OF home. etc.)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. I OF INJURY (APPROX.)  While (APPROX.)	DUE TO  (C) A  Libelly W  HICH OPERATION  PLACE OF INJURY (e.g., in c., form, foctory, street, office)  INJURY OCCURRED  At Work  At Work  deceased from 1  10/15	No or obout 21C. WHERE DID the bldg., INJURY OCCUR?  21F. HOW DID INJ 0/3 19.66 and the	(II in Boltimore	SES OF DEATH?  City, give exact location)
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	e of Photo Baby Boy SoThoron (of Man)			12174
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceos	sed lived, If instit	ution; residence before odmissi
		A. STATE B. COUNTY		1.7
	ULL NAME OF (If not in hospital or institution, give street oddress or location)	NIO Marylan		
	NSTITUTION Johns Hopkins Hospital		limits, write KUR	AL ond give township
		Baltimore D. STREET ADDRESS (If rurol, giv	e locotion)	
	33	850 Clintwoo		
5. S	EX 6. RACE 7. MARRIED, NEVER MARRIED			Under 1 Yr. , If Under 24 h
	WIDOWED, DIVORCED (specify)	10/17/lale lost birth	doy) N	onths Doys Hours Min.
IOÀ.	/ lale White New born USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign count	lru) [1	2. CITIZEN OF
	during most of working life, even if retired)		,	WHAT COUNTRY?
_		Maryland		U.S. A
13. F	FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
		Mary Jeanette		
	Nas Deceased Ever in U. S. Armed Forces?  no or unknown) (If yes, give wor or doles of service)  16. SOCIAL  SECURITY NO.	17. INFORMANT		ADDRESS
	JEGMIN NO.			
	18. 7 7 / O I CAUSE C	F DEATH		INTERVAL BETWEEN
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	LEADING TO DEATH	1. Har h	00	2 445
	(A) / U	MONGEL HEMOTING	< U	
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	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at complication which caused death.)	2 th 1 Mala	Je D.	Chauza
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (B)	Inonora Herrorcha	e Dise	5/1343n
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MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING NAS PERFORMED  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not White At Work AT WOR	20A. AUTOPSY? (Yes or No) 20B. II N CE  19	F YES, WERE FINERTIFYING CAUSE  (If in Boltimore Control  CCUR?  2. to 2. 12  2. to 2. 22  2. to 3. 22  2. to	DINGS CONSIDERED SOFT DEATH? No ity, give exact location)  10 17 19 60  10 17 16 60  10 17 17 16 60  10 17 17
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	20A. AUTOPSY? (Yes or No) 20B. II N CE  10	F YES, WERE FINERTIFYING CAUSE  (If in Bollimore Control  CCUR?  To A Parinto  (Cfiy,  (Cfiy,	DINGS CONSIDERED SOFT DEATH? No ity, give exact location)  10 17 19 60  10 17 16 60  10 17 17 16 60  10 17 17
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING NAS PERFORMED  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., home, form, foctory, street, cet.)  21D. TIME (Month) (Doy) (Year) (Haur)  21E. INJURY OCCURRED While At Not White At Not White At Not Work At Work  22. I certify that (1) (this hospital) attended the deceased from that (I) (We) last sow the deceased above, (I) (We) (did) (did not) and hour and fram the couses stated above, (I) (We) (did) (did not) and hour and fram the couses stated above, (I) (We) (did) (did not) and hour and fram the couses stated above, (I) (We) (did) (did not) and hour and fram the couses stated above, (I) (We) (did) (did not) and hour and fram the couses stated above, (I) (We) (did) (did not) and hour and fram the couses stated above, (I) (We) (did) (did not) and hour and fram the couses stated above, (I) (We) (did) (did not) and hour and fram the couses stated above, (I) (We) (did) (did not) and hour and fram the couses stated above, (I) (We) (did) (did not) and hour and fram the couses stated above, (I) (We) (did) (did not) and hour and fram the couses stated above, (I) (We) (did) (did not) and hour and fram the couses stated above, (I) (We) (did) (did not) and hour and fram the couses stated above, (I) (We) (did) (did not) and hour and fram the couses stated above, (I) (We) (did) (did not) and hour and fram the couses stated above, (I) (We) (did) (did not) and hour and fram the couses stated above, (I) (We) (did) (did not) and hour and fram the couses stated above, (I) (We) (did) (did not) and hour and fram the couses stated above, (I) (We) (did) (did not) and hour and fram the couses stated above, (I) (We) (did) (did not) and hour and fram the couses are	20A. AUTOPSY? (Yes or No) 20B. II N CE  The state of the	F YES, WERE FIN ERTIFYING CAUSE  (If in Boltimore C  CCUR?  Loto  Loto  CCUR?  2. to  CCUR?	DINGS CONSIDERED (S OF DEATH? No ity, give exact location)  ID 19  In death occurred an the control is DATE SIGNED (O) 17/6C  Ltal town, or county) (State

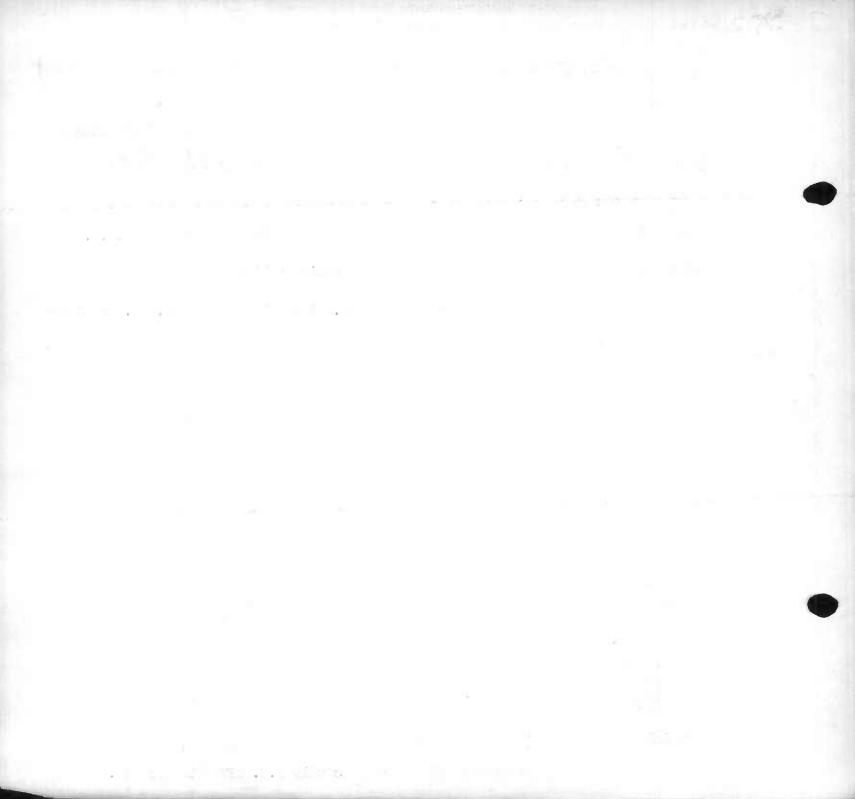


/					623
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered	d No.

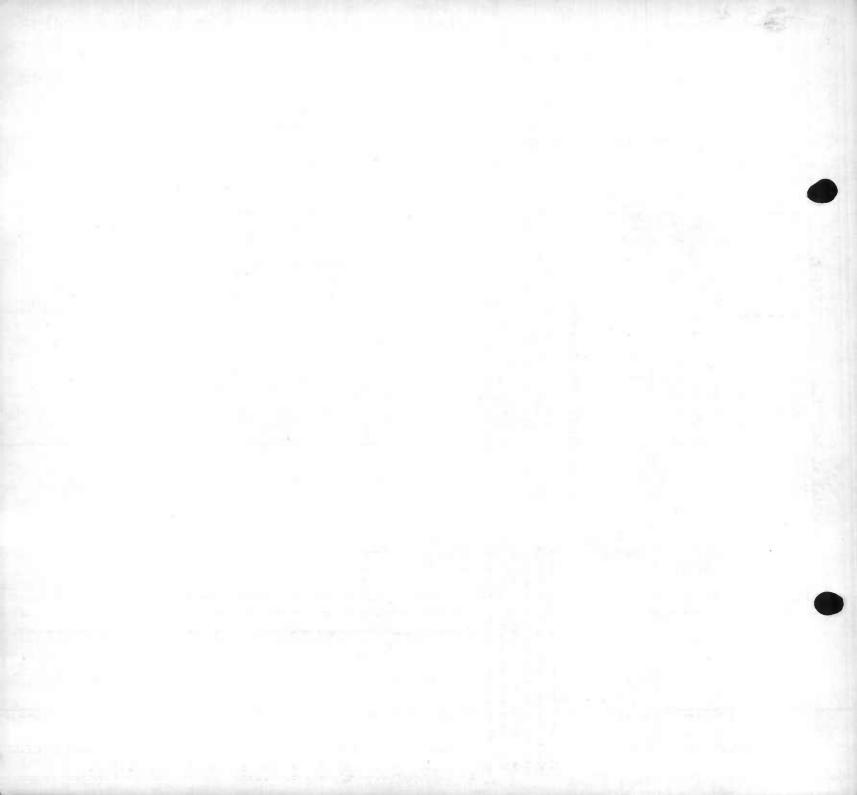
0 1	66 10507 BALTIMORE CITY HEALT	H DEPARTMENT
(-300	BIRTH NO. MEDICAL EXAMINER'S CE	RTIFICATE OF DEATH Registered No.
	M.E. CASE NO.	2. DATE AND HOUR PRONOUNCED DEAD
	(Type or Print)  ELIZABETH  F. RODDY	October 15, 1966 8:50 A M.
		4. USUAL RESIDENCE   Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
		Maryland
	HOSPITAL OR ADDRESS OR LOCATION	C. CITY OR TOWN (Il outside carporote limits, write RURAL and give township)
	877 Park Avenue	Baltimore D. STREET ADDRESS (If rural, give locotion)
	O off falk avenue	877 Park Avenue
		B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months, Days, Hours   Min.
	Female White Single	App. 1894 72
	TOA. USUAL OCCUPATION (Give kind of work OB. KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	Receptionist Latrobe Apts.	Baltimore, Md. WHAT COUNTRY?
	13.1 A little 3 (4704)	14. MOTHER'S MAIDEN NAME
	Timothy Roddy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL	Annie Leland  77. INFORMANY  ADDRESS
	(Yes, na or unknawn) (If yes, give wor or dotes of service) SECURITY NO.	Records- personal papers of
		OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH	o-cerebral Injuries
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	
	ANTECENDENT CAUSES	
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes Yes or No. 208. IF YES, WERE FINDINGS CONSIDERED
		in at about 21C. WHERE DID (If in Baltimare City, give exact location)
	21A, EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., i home, farm, factory, street, a etc.)  Home	office bldg., NJURY OCCUR? 877 Park Avenue
	S THAT WE ARE THE THE THAT IN THE THE THAT IN THE THE THE THAT IN THE	21F, HOW DID INJURY OCCUR?
	OF INJURY 10 14/15 166 3:00 WHILE AT NOT WORK	Beaten about the head
	6:10 AM	apsy X and that an this basis, death in my apinian
	resulted fram: Natural causes Accident Suicide	Homicide X Undetermined manner
	Mr. And	CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE SIGNATURE M.D.	
	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
	NAME (Type) Rudiger Breitenecker  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of	TO CREMATORY 23D. LOCATION (City, town, or county) (State)
	Burial 10/19/66 Cathedral	Cem. Balto.
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24° Mitchell-Wiedefeld Home, Inc.
	OCT 19 1966 Roberts E. Farkeren	6500 York Road-12
	VS 151-REV. 1/1/65	

Should the state of Respirate Different Company of C.Dranebert - I-with the section

	TH NO. 66 10508	CERTIFICA	TE OF DEATH	Registered No	66 10508
1, N	DE OF DECEASED  GENT PULLE	Greenst	1	HOUR OF DEATH	7:001
3, F	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B, COUNT	deceased lived. II inst	itutiant residence before edm
- F	FULL NAME OF (If not in haspital or institution, give HOSPITAL OR oddress or lacation) NSTITUTION	street	C. CITY OR TOWN TIL aus		JRAL and give tawnship)
	431212	2 //	D. STREET ADDRESS (II	urd, give location)	-21225
5. 5	South Daltimore GENC 16. RACE 7. MARRIED, NE	VER MARRIED	3656 7 B. DATE OF BIRTH	AGE (In years	If Under 1 Yr., If Under 2
(6)	1. White Mari	OVORCED (specify)	3-11-83	83.	Months Days Hours A
don	e during mast af warking life, even if retired)	SINESS OK INDUSIKI	M.	n country)	WHAT COUNTRY?
	House Wife FATHER'S NAME		14. MOTHER'S MAIDEN NAM	gland	U.S.A.
	John Fenhagen		Mollie Cullis	son	
(Yes	s,na or unknawn) (tf yes, give war ar dates af service)	SECURITY NO.	17, INFORMANT		ADDRESS
	NO	None CAUSE O	Mrs. Viola Clas	s 3606 5th.	St. Boatimore
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It meens the disease,	(A) DUE TO	roxary Insuffer	iney	ONSET AND DEAT
	injury or complication which coused death.)  ANTECEDENT CAUSES	(B)	V	<i></i>	
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.	(C) Cirler	exclusive Cardiova	caly dues	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
ERTIFICATIO	19A. DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION	20A, AUTOPSY? (Yes or No)	20 B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CAL CE	21 A. ACCIDENT WAS UNDERLYING 21B. PL OR CONTRIBUTING CAUSE OF DEATH (naify medical examiner) etc.)	ACE OF INJURY (e.g., in farm, factory, street, of	ar about 21C. WHERE DID	(If in Baltimare	City, give exact lacation)
MEDIC	21D. TIME (Manth) (Day) (Year) (Hour) 21E, IN OF INJURY (APPROX.) While Wark	JURY OCCURRED  At Work		RY OCCUR?	
	22. I certify that (this hospital) attended the			966 ta /	0-18 196
, MEDICAL CERT	that (we) lost saw the deceased alive on		19 66 ond the		ion death occurred on th
	and hour and fram the couses stoted abave. (1) (123A. SIGNATURE	we) (did) (did nat) v	iew the body ofter deoth.		23B, DATE SIGNED
	K 9 Anillaus	Phy	s. Director	Staff Phys.	10-18-66
	23C. PHYSICIANS NAMELTYPE KOBERTO G. ARELLAN	) O M.D.	SOUTH Bal	TIMORE	
244	BURIAL CREMATION, 248. DATE 24C. NAM	E of CEMETERY of CRE	MATORY 24D. LO	/	, tawn, ar caunty) (S
	Provide - 7 144	n Haven	Bel	timore . Md	/
25A	OCT 19 1966 P. D. F.	E FARLES	2SC, FUNERAL DIRECTOR		ADDRESS
VS	150-REV. 1/1/65		McCully F.H.	Z) ratapsc	o ave.



	Pe or Print)	DOROTHY	FTELDS	S				and hour of deat Oct, 1966		7:45
3. 1	PLACE OF DEA					4. USUAL RE		hero doceasad lived. If	institution: r	
	FULL NAME O	E Uf not	in hospital as	e institution ou	uun stroot	Md.	в. со	JNII		
	HOSPITAL OR NSTITUTION	oddros:	s or location)	r institution, gr	ive street	C. CITY OR	TOWN (If	outsido city limits, wiit	RURAL on	d give township
						Balti			1-	03
	4138	Parksid	e Drive	е		D. STREET A		(If rurol, give location)		
5. 3	20	6. RACE	[7	7 44 400(ED )	NEVER MARRIED	8. DATE OF 8		rry St.	If Unde	er 1 Yr If Un
3	Female	White		Widowed.	DIVORCED (specify)	5 Dec 3	L <b>87</b> 9	lost birthdoys 86	Months	Doys Hours
don	houserif	working life, eve	n if retired)		BUSINESS OR INDUST	- Mary		oreign country)	U.S	IZEN OF LAT COUNTRY?
13.	FATHER'S NA	ME				14. MOTHER	MAIDEN N	AME		
	C	asper F	eldner			Ka	atherin	e Groh		
IS.	Was Deceased	Ever in U. S.	Armed Force	of service)	1 6. SOCIAL	17. INFORMA				ADDRESS
	no	yos, give	HOT OF BOIDS	OI SEIVICE/	SECURITY NO.	Mr. Rol	pert Fi	elds, 5402 I	Pembrok	ke Ave.
	heart failure,	aslhenia, elc	. II means 1	the disease,	DUP TO	/	D	-		- 1-
TION	DISEASES ( rise to the UN DERLYING  OTHER SIGN TO THE DISEASES)	aslhenia, elc nplication whi  ANTECEDEN  OR CONDITI e above c G CONDITIO  IFICANT CONTENTION  JET CONTENTION	I means I ich caused (I CAUSES IONS, if ar ause (A) in I as I.	the disease, death.)  ny, giving stating the DNTRIBUTING	(c)	onclis-	Pne	eartolise		3 day
FICATION	DISEASES (rise to the UNDERLYING) OTHER SIGN TO THE DISEASE OR	aslhenia, elc nplication whi  ANTECEDEN  OR CONDITI e above c G CONDITIO	I means 1 ich caused of T CAUSES ONS, if a ause (A) in last.  Diffions CC NOT RELAT.  [198. COND	ny, giving stating the	(c)					
SERTIFICATION	DISEASES (rise to the UNDERLYING) OTHER SIGN TO THE DISEASE OR	aslhenia, elc nplication whi  ANTECEDEN'  OR CONDITI e above c G CONDITIO  IFICANT CON DEATH BUT CONDITION F OPERATION	Il means I ich caused of T CAUSES ONS, if all ause (A) in last.  IDITIONS CONT RELAT CAUSING IT.  19B. COND WAS PERFO	The disease, death.)  ny, giving stating the DNTRIBUTING FED TO THE .  DITION FOR WORMED	C)	20A. AUTC	DPSY? (Yos or	No) 208. IF YES, WER	RE FINDINGS	S CONSIDERED DEATH?
CERTIFIC	DISEASES (rise to the UNDERLYING) OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE.	aslhenia, elc nplication whi  ANTECEDEN'  OR CONDITIO  e above c G CONDITIO  IFICANT CON  EATH BUT CONDITION  F OPERATION  NT WAS UND  UTING CAL	I means 1 ich caused of T CAUSES ONS, if are ause (A) in last.  Difficult Relations CC NOT RELAT CAUSING IT.  198. COND WAS PERFO	ny, giving stating the DNTRIBUTING TO THE STATE OR THE STATE OR WORMED	OUE TO  (C)  (C)  (HICH OPERATION  PLACE OF INJURY(e., o, form, foctory, street, o, form, foctory, o, form,	20 A. AUTC	DPSY? (Yos or	No) 20B, IF YES, WER IN CERTIFYING (	RE FINDINGS	CONSIDERED DEATH?
DICAL CERTIFIC.	DISEASES (rise to the UN DERLYIN') OTHER SIGN TO THE DISEASE OR 19A. DATE OF	ashenia, elc nplication whi  ANTECEDEN  OR CONDITIO  e above c G CONDITIO  IFICANT CON  EATH BUT CONDITION  F OPERATION  NT WAS UNE UTING CAL , modicol exon	I means I ich caused of T CAUSES  ONS, if are ause (A) is located on the cause of the ca	ny, giving stating the DNTRIBUTING TO THE DITTON FOR WORMED	OUE TO  (C)  (C)  (HICH OPERATION  PLACE OF INJURY(e., o, form, foctory, street, o, form, foctory, o, form,	20A. AUTO	OPSY? (Yos or Where DID JRY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING C	RE FINDINGS	S CONSIDERED DEATH?
CAL CERTIFIC.	DISEASES (rise to the UN DERLYIN)  OTHER SIGN TO THE DISEASE OR  19A. DATE OF OR CONTRIBUTE DEATH (notify)	aslhenia, elc nplication whi  ANTECEDEN'  OR CONDITIO  e above c G CONDITIO  IFICANT CON  EATH BUT CONDITION  F OPERATION  NT WAS UND  UTING CAL	I means I ich caused of T CAUSES  ONS, if are ause (A) is located on the cause of the ca	ny, giving stating the DNTRIBUTING FED TO THE CONTRIBUTION FOR WORMED 21B. (Hour) 21E. Whill	PLACE OF INJURY (e.g., form, foctory, street,	20 A. AUTC  J., in or obout 21 C. office bldg., INJU	OPSY? (Yos or Where DID JRY OCCUR?	No) 20B, IF YES, WER IN CERTIFYING (	RE FINDINGS	S CONSIDERED DEATH?
MEDICAL CERTIFIC	DISEASES (rise to the UNDERLYING) OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.)	ashenia, elc nplication whi  ANTECEDEN  OR CONDITIO  e above c G CONDITIO  IFICANT CON EATH BUT CONDITION  F OPERATION  NT WAS UND UTING CAL modical exam	I means 1 ich caused of T CAUSES ONS, if are ause (A): N last, DITIONS CC NOT RELAT. 19B. COND WAS PERFO	ny, giving stating the DNTRIBUTING FED TO THE DOTTON FOR WORKED  (Hour) 21E, Whill Work	PLACE OF INJURY (e., form, foctory, street, injury Occurred Not V	20A. AUTO office bldg., INJU 21F.	OPSY? (Yos or WHERE DID JRY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING C	RE FINDINGS	S CONSIDERED DEATH?
MEDICAL CERTIFIC	DISEASES (rise to the UN DERLYIN') OTHER SIGN TO THE DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify	ashenia, elconplication whith ANTECEDEN OR CONDITION OF CONDITION OF CONDITION OPERATION OPERATION (Month) (Details of that (I) (***)	T CAUSES  ONS, if an ause (A) is last.  DITIONS CC NOT RELATIONS CAUSING IT.  19B. CONDWAS PERFO	ny, giving stating the DNTRIBUTING TO THE 218, (home otc.)  (Hour) 218, Whill Work	PLACE OF INJURY (e.g., form, foctory, street, Not Wake At Water deceased from	20A. AUTO office bldg., INJU 21F.	WHERE DID JRY OCCUR?	No) 208, IF YES, WER IN CERTIFYING COUR?	RE FINDINGS CAUSES OF	S CONSIDERED DEATH?
MEDICAL CERTIFIC	DISEASES (rise to the UNDERLYING TO THE DISEASE OR TO THE DISEASE OR TO THE DOISEASE OR TO THE DEATH (notify LAPPROX.)  21 A. ACCIDE OR CONTRIBE DEATH (notify LAPPROX.)  22. I certify that (!) (well)	ashenia, elc nplication whi  ANTECEDEN  OR CONDITIO  e above co G CONDITIO  IFICANT CON  EATH BUT  CONDITION  F OPERATION  (Month) (D  that (I) (****)	T CAUSES  IONS, if an ause (A) in last.  IDITIONS CC NOT RELAT CAUSING IT.  ION COND WAS PERFO	ny, giving stating the DNTRIBUTING FED TO THE DITTON FOR WORMED  218.1 Whill Work of attended the delive on	PLACE OF INJURY (e.g., form, foctory, street, injury Occurred Not Walk Al W.	20A. AUTO office bldg., INJU /hile   21F.	WHERE DID JRY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING COUR?	RE FINDINGS CAUSES OF	S CONSIDERED DEATH?
MEDICAL CERTIFIC	DISEASES (rise to the UNDERLYING TO THE DISEASE OR TO THE DISEASE OR TO THE DOISEASE OR TO THE DEATH (notify LAPPROX.)  21 A. ACCIDE OR CONTRIBE DEATH (notify LAPPROX.)  22. I certify that (!) (well)	ashenia, elc nplication whi  ANTECEDEN'  OR CONDITIO  e above co G CONDITIO  IFICANT CON  EATH BUT CONDITION  F OPERATION  (Month) (D  that (I) (***)  I that (I) (***)  I that (I) (***)	T CAUSES  IONS, if an ause (A) in last.  IDITIONS CC NOT RELAT CAUSING IT.  ION COND WAS PERFO	ny, giving stating the DNTRIBUTING FED TO THE DITTON FOR WORMED  218.1 Whill Work of attended the delive on	PLACE OF INJURY (e.g., form, foctory, street, Not Wake At Water deceased from	20A. AUTO office bldg., INJU /hile   21F.	WHERE DID JRY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING COUR?	RE FINDINGS CAUSES OF nore City, giv	S CONSIDERED DEATH?
MEDICAL CERTIFIC	DISEASES (rise to the UN DERLYIN)  OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.)  21D. TIME OF INJURY (APPROX.)  22. I certify that (!) (week) and hour an	ashenia, elc nplication whi  ANTECEDEN'  OR CONDITIO  e above co G CONDITIO  IFICANT CON  EATH BUT CONDITION  F OPERATION  (Month) (D  that (I) (***)  I that (I) (***)  I that (I) (***)	T CAUSES  IONS, if an ause (A) in last.  IDITIONS CC NOT RELAT CAUSING IT.  ION COND WAS PERFO	ny, giving stating the DNTRIBUTING FED TO THE DITTON FOR WORMED  218.1 Whill Work of attended the delive on	PLACE OF INJURY (e.g., form, foctory, street, Not V AI W.)  (We) (did) (did and M.D.)	20A. AUTO office bldg., INJU 21F. /hile	WHERE DID IRY OCCUR? HOW DID I	No) 208, IF YES, WER IN CERTIFYING COUR?  (If in Boltim  NJURY OCCUR?  1966 to the total in (my) (our) of the total in (my) (our)	RE FINDINGS CAUSES OF nore City, giv	S CONSIDERED DEATH?  vo exact location  pth accurred of
MEDICAL CERTIFIC	DISEASES (rise to the UN DERLYIN)  OTHER SIGN TO THE DISEASE OR  19 A. DATE OF  21 A. A C CIDE OR CONTRIBLE DEATH (notify  22 D. TIME OF INJURY (APPROX.)  22. I certify that (!) (we) and hour an  23 A. SIGNATI	ashenia, elconplication whith ANTECEDEN OR CONDITION OF CONDITION OF CONDITION OF CONDITION OPERATION (Month) (Department) (Month) (	T CAUSES  IONS, if an ause (A) in last.  IDITIONS CC NOT RELAT CAUSING IT.  ION COND WAS PERFO	ny, giving stating the DNTRIBUTING FED TO THE DITTON FOR WORMED  218.1 Whill Work of attended the delive on	PLACE OF INJURY (e.g., form, foctory, street, Not V AI W.)  (We) (did) (did and M.D.)	20A. AUTO office bldg., INJU 21F. /hile	WHERE DID JRY OCCUR? HOW DID I	No) 208, IF YES, WER IN CERTIFYING COUR?  1966 to that in (my) (our) out that in (my) (our) out the course of the	RE FINDINGS CAUSES OF nore City, giv	S CONSIDERED DEATH?  vo exact locoho  pth accurred of
MEDICAL CERTIFIC	DISEASES (rise to the UN DERLYIN)  OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.)  21D. TIME OF INJURY (APPROX.)  22. I certify that (!) (week) and hour an	ashenia, elconplication whith ANTECEDEN OR CONDITION OF CONDITION OF CONDITION OF CONDITION OPERATION (Month) (Department) (Month) (	Il means I ich caused of T CAUSES  IONS, if all ause (A) in I last.  IDITIONS CC NOT RELAT CAUSING IT.  ION CONDUCTOR CONDUCTO	ny, giving stating the DNTRIBUTING FED TO THE DITION FOR WORMED  218. (Hour) 218. Whill Work attended the dalive an attended the dalive and attended the dalive an attended the dalive an attended the dalive an attended the dalive and attended the dalive and attended the dalive an attended the dalive an attended the dalive and attended the dalive attended t	PLACE OF INJURY (e.g., form, foctory, street, Not V AI W.)  (We) (did) (did and M.D.)	20A. AUTO office bldg., INJU 21F. /hile	WHERE DID JRY OCCUR? HOW DID I	No) 208, IF YES, WER IN CERTIFYING COUR?  (If in Boltim  NJURY OCCUR?  1966 to the total in (my) (our) of the total in (my) (our)	RE FINDINGS CAUSES OF nore City, giv	S CONSIDERED DEATH?  vo exact locoho  pth accurred of
MEDICAL CERTIFIC	DISEASES ( rise to the UN DERLYIN)  OTHER SIGN TO THE DISEASE OR  19A. DATE OF  21 A. ACCIDE OR CONTRIBLE DEATH (notify)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (1) (me) and hour on 23A. SIGNATL  23C. PHYSICIA NAME (1)	ashenia, elconplication whith ANTECEDEN OR CONDITION OF CONDITION OF CONDITION OPERATION  NT WAS UNCUTING CALLY MODICAL CONDITION (Month) (Department) (Department) (Department) (Month) (Month) (Department) (Month) (Month	Il means I ich caused of T CAUSES  IONS, if are ause (A) in last.  IDITIONS CC NOT RELAT CAUSING IT.  IONE COND WAS PERFORM (A) (Your)  Chapted) (Your)  Chapted) (Your)  Chapted) (Your)	ny, giving stating the DNTRIBUTING FED TO THE DITION FOR WORKED  218. (Hour) 21E. Whill Work the delive an ed above. (I)	PLACE OF INJURY (e.g., form, foctory, street, at William All W. A	20A. AUTO office bldg., INJU 21F. /hile	WHERE DID JRY OCCUR? HOW DID I	No) 208, IF YES, WER IN CERTIFYING COUR?  1966 to Court that in (my) (our) out.  Stoff Phys.   Wleys Lane	RE FINDINGS CAUSES OF nore City, giv	orth accurred of
MEDICAL CERTIFIC	DISEASES ( rise to the UN DERLYING  OTHER SIGN TO THE D DISEASE OR  19A. DATE OF  21A. ACCIDE OR CONTRIBUTE OF INJURY (APPROX.)  22. I certify that (!) (we) and hour an 23A. SIGNATU  23C. PHYSICIA NAME (1)	ashenia, elconplication whith ANTECEDEN OR CONDITION OF CONDITION OF CONDITION OPERATION  NT WAS UNCUTING CALLY MODICAL CONDITION (Month) (Department) (Department) (Department) (Month) (Month) (Department) (Month) (Month	Il means I ich caused of T CAUSES  IONS, if are ause (A) in last.  IDITIONS CC NOT RELAT CAUSING IT.  IONE COND WAS PERFORM (A) (Your)  Chapted) (Your)  Chapted) (Your)  Chapted) (Your)	ny, giving stating the DNTRIBUTING TED TO THE DITION FOR WORMED  218, (homo otc.)  (Hour) 218, Whill Work attended the dolive on	PLACE OF INJURY (e.g., form, foctory, street, Not Walk (Mark)) (We) (did) (did and M.D.)	20A. AUTO office bldg., INJU 21F. /hile	WHERE DID JRY OCCUR?  HOW DID I	No) 208, IF YES, WER IN CERTIFYING COUR?  1966 to Court that in (my) (our) out.  Stoff Phys.   Wleys Lane	RE FINDINGS CAUSES OF DOOR City, given a popular deal cause of the cau	orth accurred of



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	-the	0	0	1	U	

BALTIMORE CITY HEALTH DEPARTMENT

M.E. CASE NO.  1. NAME OF DECEASED		TE OF DEATH	AND HOUR OF DEATH		
	3. Watkins		ober 16, 196		
FULL NAME OF (If not in hospital or inst HOSPITAL OR oddress or location)	4. USUAL RESIDENCE (Where deceosed lived. Il institution: residence before odmis A. STATE B. COUNTY  Maryland  C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
6418 O'Donnell St.		Baltimore D. STREET ADDRESS 6418 O'Don	(If rurol, give location)	16-01	
	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify) MATTIED	B. DATE OF BIRTH March 6, 1913	9. AGE (In years	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.	
10A. USUAL OCCUPATION (Give kind of work 108. K done during most of working life, even if refired) Drill Press Operator Sa	ind of Business or industr unitary fixtures	Massachuset		12. CITIZEN OF WHAT COUNTRY?	
3. FATHERS NAME	, and a second of	14. MOTHER'S MAIDEN	NAME		
John Watkins  5. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (IIf yes, give wor or dotes of s.)  Yes WS 2	16. SOCIAL SECURITY NO. 213-09-0965	Mary Davis	son	ADDRESS	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying heart foilure, asthenia, etc. It means the dinjury or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stolin UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION [198. CONDITION	giving g the (C)	Cent insuff conary heart a	Noil 208. IF YES, WERI	INTERVAL BETWEEN ONSET AND DEATH	
WAS PERFORME  21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (notily medical examine)	21B. PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.)	in or obout 21 C. WHERE DID	IN CERTIFYING C	AUSES OF DEATH?	
21D. TIME (Month) (Doy) (Yeor) (House (APPROX.)	white At Not Work At Work	ile 🖂	INJURY OCCUR?		
22. I certify that (I) (this hospital) atte that (I) (we) lost saw the deceased aliv and hour and from the couses stated ab 23A. SIGNATURE	ve on Oct. 14 to			pinion deoth occurred an the d	
Rautaya 23C. PHYSICIANS	M.D. Ar	med. Director 23D. ADDRESS	Stoll Phys.	23R DATE SIGNED 1966	

6 Greenmount Cemetery
258. NAME OF REGISTRAR 256 17/66 25A. DATE REC'D BY HEALTH DEPT.

Baltimore,

ADDRESS

V\$ 150-REV. 1/1/65

1966

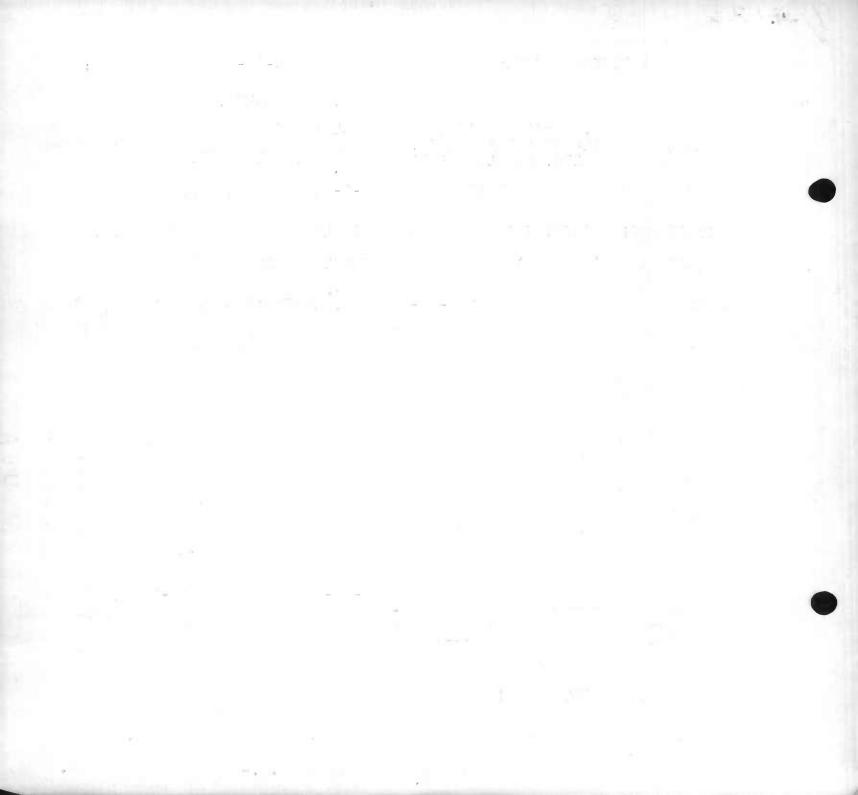
(Ullrich Funeral Hoe Dundalk, Md.



IMPORTANT

DIRECTOR:

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CC 10540 BALTIMO	THE CITY HEALTH DEPARTMENT
	FICATE OF DEATH Registered No. 00 10012
M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)  ARTELIA WATTS	2. DATE AND HOUR OF DEATH 10-16-66 9:15 P.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. It institution: residence before odmission) A, STATE B, COUNTY
FULL NAME OF (If not in hospital or institution, give street	MARYLAND,
HOSPITAL OR oddress or locotion	C. CITY OR TOWN (If outside city limits, write RUBAL and give township)
- 3	BALTIMORE
THE JOHNS HOPKINS HOSPITA	D. STREET ADDRESS (If rural, give location)  212 N. EDEN ST.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIE	
WIDOWED, DIVORCED (sp	11-11-11 tost butday) Months Doys Hours Min.
FEMALE NEGROID MARRIED  102. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IN	
done during most of working life, even if retired)	WHAT COUNTRY?
Jan'tores Dept. of Educ	action 2017, I Vary lava U.S.A.
	Bessie Spencer Stanford
JAMES SPEARS 15. Was Deceased Ever in U. S. Armed Forces? [1 6. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY N	
No ·	MR Douglas Walts 212 N. Eden S.
17712	AUSE OF DEATH ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	the same time to the same time to
	E TO POUL V
heart foilure, osthenio, etc. It means the disease, injury or complication which caused death.)	9/ /
ANTECEDENT CAUSES (B)	Whatwn E TO
DISEASES OR CONDITIONS, if any, giving	mut. The
uise to the above couse (A) stating the (C) UNDERLYING CONDITION lost.	powerfy coming
Z CONTRIBUTE	
DISEASE OR CONDITION CAUSING IT.	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJU	ON 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJU	JRY (e.g., in or obout 21 C/WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory,	street, office bldg., INJURY OCCUR?
O 215. TIME (Month) (Doy) (Year) (Hour 21E, INJURY OCCUP	RRED 21F. HOW DID INJURY OCCUR?
While At	Not While
Patient expired "ubon arr	ival at hospital. om 10/16 1966 to 10/16 1966
22. I certify that (I) (this hospital) attended the deceased fr	
that (1) (we) last sow the deceased alive on	
and haur and fram the causes stated abave. (1) (We) (did) (d	id not) view the bady after death.    23B, DATE SIGNED
	A.D. Attending
A. M. Ishoo ner it.	Phys. — Director — Phys. — 10/16/66
PAME (Type) A.F. BROOKER, JR.	THE JOHNS HOPKINS HOSPITAL
	M.D.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETE	RY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Surial 10-20-66 Mit Calva	vy Cametery A.H. Co. Ind.
OCT 19 1966 (1) 10 10 10 10 10 10 10 10 10 10 10 10 10	25C. FUNERAL DIRECTOR ADDRESS
VS 150-REV. 1/1/65	Mostore Doct + H. 1701 Laukens &

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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT.

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00 10517	BALTIMORE CIT	Y HEALTH DEPARTMENT		66 10517
BIRTH NO. 66 10517	CERTIFICA	ATE OF DEATH	Registered No	
M.E. CASE NO, 1. NAME OF DECEASED			ND HOUR OF DEATH	
Two at Printy	- 11	1/1	117/66	1.050
3. PLACE OF DEATH IN BALTIMORE MARYLAND	04 11.	I A LISUAL RESIDENCE (Who		titution; residence befare admissia
STEACE OF DEATH IN BALLIMORE, MARIEANE	·	A. STATE B. COUN		nionon; residence beidre damissid
FULL NAME OF (If not in haspital ar instit	cution give street	MAha	and	12 103
HOSPITAL OR oddress or Jacotian)	10	C. CITY OR TOWN (If ou	tside city limits, write RC	JRAL and give tawnship
INSTITUTION 1) 1/1/2 land	1/4/15/19			
an ilome	/		rural, give lacation)	
10 A01111111111111111111111111111111111	. 756 1	4 1111	day, give ideditori	(f. f
1501 Dullela	na street	1 244/ /3	DAR. C/64	37711
	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months Days Haurs Min.
Female negro		2/23/13	: £41	Tetomin's Day's Troots
A. USUAL OCCUPATION (Give kind of work 108, KII	NO OF BUSINESS OF INDUSTR	Y 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF
one during most al working life, even if retired)	NO OF BOSINESS OR INDOSER	The Blant Back (Side of fore	1 /	WHAT COUNTRY?
HOUSEWIFE		TRINCE GEO	IRGE, VA.	U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NA		
		25		
		HDLENA	1 YLER	
. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	*	ADDRESS // /
es,na ar unknown) (If yes, give war or dotes of se	rvice) SECURITY NO.	Dukeland	nuksi ng	1501 DURGE
100			Home	21-007
1B. 1 3 3 1	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1	_	A	OHSEL WIND DEWILL
LEADING TO DEATH	101 01	ARCINOMA VII	CMAID (DLA	W 10 mgs
(This daes nat meon the mode of dying,	e.g., DUE TO			L. S
heart failure, asthenia, etc. It means the di- injury or camplication which coused death.				
ANTECEDENT CAUSES	DUE TO		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
DISEASES OR CONDITIONS, if ony,	giving			
rise to the above couse (A) stating UNDERLYING CONDITION tost.	g lhe (C)			
ONDERCTING CONDITION 1881.				
, II				100
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.	BUTING			
DISEASE OR CONDITION CAUSING IT.	V 101			
19A. DATE OF OPERATION 198, CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes at N	a) 208. IF YES, WERE FI	NDINGS CONSIDERED
12/22/65 WAS PERFORMEN	and Carnel	No	IN CERTIFIEN CAU	JEJ OF DEMIN!
21A. ACCIDENT WAS UNDERLYING	218, PLACE OF INJURY (e.g.	in ar about 21 C. WHERE DID	(If in Baltimore	City, give exact lacation)
OR CONTRIBUTING CAUSE OF	hame, farm, foctory, street,	office bldg., INJURY OCCUR?		,
	etc.)			
21D. TIME (Manth) (Day) (Year) (Haus	21E. INJURY OCCURRED	21 F. HOW DID IN.	JURY OCCUR?	-
OF INJURY (APPROX.)	While At Nat Wi			
	Wark At Was			
22. I certify that (I) (this hespital) often	nded the deceased from	9/13	1966 to	10/17 1966
that (1) (we) last saw the deceased aliv	101	60		
	/		iui in(my) <del>(uur</del> ) opin	ian deoth occurred an the d
and hour and from the couses stated abo	ove. (I) (We) (did) (did not)	view the bady ofter death.		
23A. SIGNATURE	,			23B, DATE SIGNED
-11 (1) and the		ttending Med. Director	Staff	10/12/11
225 PHYSICIANS	w		Phys.	10/1/66
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		/ /
	M.D	).		
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of C	REMATORY 24D. I	OCATION (City	, tawn, ar caunty) (State
REMOVAL (Specily)	1.		(611)	1 /
BURIAL 10/23/66	MT. HUPE P	APTIST H	UPZWELL,	VA.
SA, DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C FUNERAL DIRECTO	R	ADDRESS
OCT 19 1966 M. O.	1 HE NOWEUM	3 1.5.3.0		102 MADISONAU
1000 4004	MA.	CALLES OF	IN HAM - O	04/ 1/10 5/10 1/10
'S 150-REV. 1/1765				

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66 1051	8	BALTIMORE CIT	Y HEALTH DEPARTME	INT	66 10318						
BIRTH NO. 50 1001	.0	CERTIFICA	TE OF DEA	TH Registered No	0						
M.E. CASE NO.  1. NAME OF DECEASED		OLIVIII 107		ATE AND HOUR OF DEAT	Н						
(Type or Print) WALTER	TAYLOR			ctober 16, 196							
B. PLACE OF DEATH IN BALTIMORE, MARYLAND			4. USUAL RESIDENCE	E (Where deceased lived, II	institution: residence befare admission						
FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddress or location)  Veterans Administration Hospital  3900 Loch Raven Boulevard  Baltimore, Maryland 21218			COUNTY								
		Pennsylvania  C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Philadelphia  D. STREET ADDRESS (If rural, give location)  4086 Olive Street									
						5. SEX   6. RACE		NEVER MARRIED	B, DATE OF BIRTH 9, AGE (In years If Under 1 Yr., If Under 24 Hr		
						Ma la Nama		D, DIVORCED (specify)	0 22 05	lost birthdoy)	Months Doys Hours Min.
						Male   Negro	of work 10B. KIND O		9-22-95 111. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF
done during most of working lile, even if r Janitor	etired)		Oxford No:	rth Carolina	WHAT COUNTRY?						
3. FATHER'S NAME			14. MOTHER'S MAIDE		0000						
Henry Taylor			Elizabeth								
	and Face2	11.6 \$00'41	17. INFORMANT	THEOL	ADDRESS						
5. Was Deceased Ever in U. S. Am Yes, no or unknown) (If yes, give wor	or dotes of service)	SECURITY NO.	IV. INFORMANT		ADDRESS						
Yes 8-21-18 t	0 9-7-19	201-10-6342	Clinical Re	cords, VAH, Ba	ltimore, Maryland						
18. 162.1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION		D-	conchogenic C	'n mai noma	6 months						
(This does not mean the ma		(A)	Officinogenia C	AL CHIOMA	O MOHOLIO						
heart foilure, osthenio, etc. It	meons the diseose,										
injury or complication which of		/B)									
ANTECEDENT CA		DUE TO	### ##################################	9-0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
rise to the above cause		(C)									
UNDERLYING CONDITION 10	st.										
OTHER SIGNIFICANT CONDITION											
DISEASE OR CONDITION CAU	SING IT.		120 A	N. W. COR. IE WES							
	AS PERFORMED	WHICH OPERATION	Yes	IN CERTIFYING TES	RE FINDINGS CONSIDERED CAUSES OF DEATH?						
	ING 218	PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE	DID (If in Baltim	nore City, give exact location)						
OR CONTRIBUTING CAUSE C		ne, form, foctory, street,	office bldg., INJURY OCC	CU R?							
21D. TIME (Month) (Doy)		. INJURY OCCURRED	21F HOW D	DID INJURY OCCUR?							
S OF INJURY		ni)e At Not Whi		ND INJOK! OCCOK:							
(APPROX.)	Wo	ork At Work			- 2 - 7/+2 - 64						
22. I certify that (1) (this ho	spital) attended t	he deceased fram	July 6th	19 66 10 Oc	tober 16th 19 66						
that (y) (we) last saw the de	ceased alive an	October 10	oth 19 66	and that in (my) (aur) o	pinian death accurred an the da						
and haur and fram the cause	s stated above.	(We) (did) (did/nby)	view the bady after a	death.							
23A. SIGNATURE		1			238. DATE SIGNED						
Palph	A Gerni	M.D. At	tending Med.	Staff Phys.	10/18/66						
23 C. PHYSICIAN'S		1			00 Loch Raven Blvd						
NAME (Type)	LI THATRITAN	, M.D.									
24A. BURIAL CREMATION, 24B. DA	H. TWINING	AME of CEMETERY or CI		Baltimore, Mar	yland 21218 (City, town, or county) (Stote)						
REMOVAL (Specify)		ltimore Natio		Baltimore,							
25A. DATE REC'D BY HEALTH DEPT		OF REGISTRAR	25C. FUNERAL DI		ADDRESS						
OCT 19 196		2 97/12 D. 3	Charles R		lison Ave.						
VS 150-REV. 1/1/65	- VIDSKUN	- A MANAGEMENT	0 0	3							



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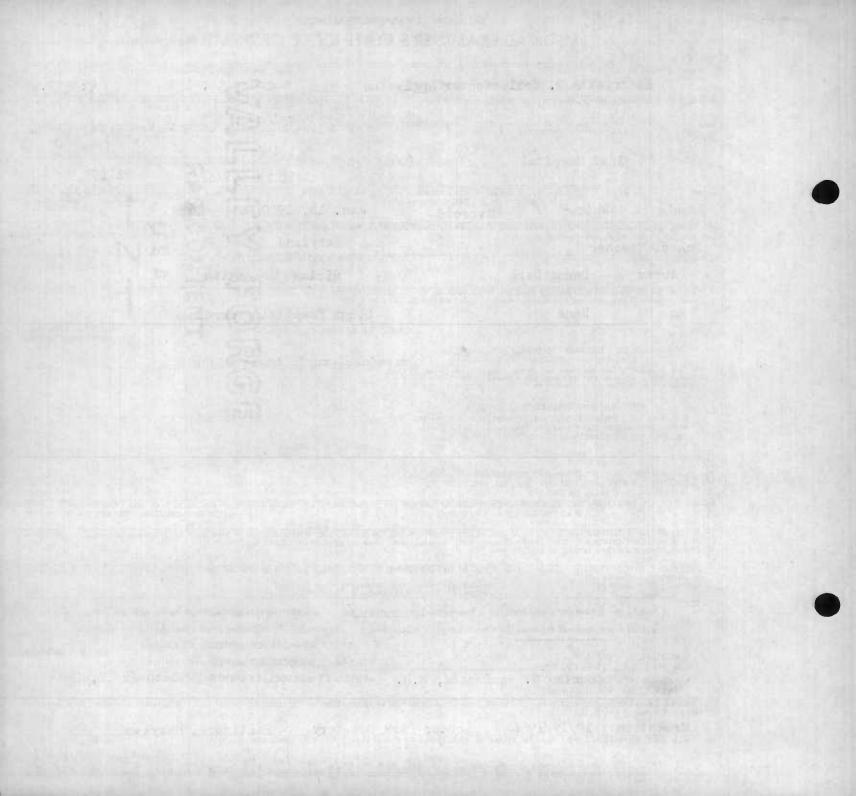
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BALTIMORE CITY HEALTH DEPARTMENT

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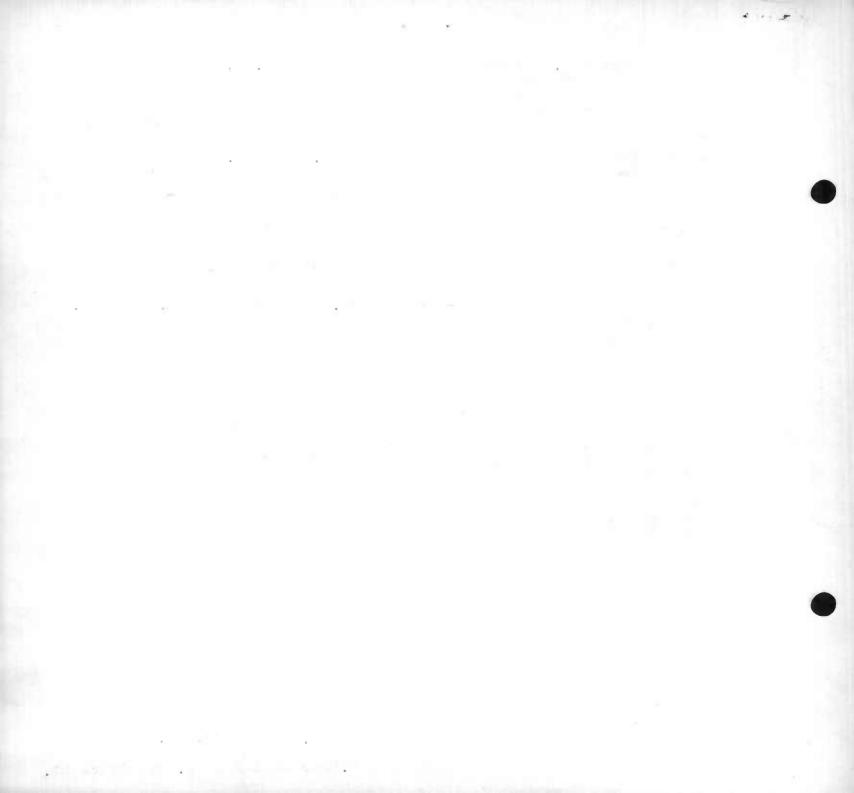
E-242	BIRTH NO. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No.
	(Type or Print) Hennriette D. Eccleston or Eggles	ton October 16, 1966 7:54 P
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	ton October 16, 1966 7:54 P. M.  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)  8. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland  C. CITY OR TOWN (Il outside corporate limits, write RURAL and give township)
	Sinai Hospital (DOA	Baltimore 77-20
	Sinai nospitai (DOF	D. STREET ADDRESS (If rural, give locosion) 3311 Taney Road 21215
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Divorced	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months, Doys Hours Min.
	done during most of working life, even if refired)  School Teacher	Maryland WHAT COUNTRY?
	Abram Dannenberg	14. MOTHER'S MAIDEN NAME Miriam Goldsmith
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.	17. INFORMANT ADDRESS
	No None	Sinai Hospital Records
	Chis does not meen the mode of dying, e.g., heart foilure, estenio, est. It means the disease, injury or complication which coused death,)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  CO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	riosclerotic heart disease
	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	V 21A, EXTERNAL CAUSE WAS 21B. PLACE OF INJURY le.g. home, form, foctory, street, etc.)  UTING □ CAUSE OF DEATH.	in or obout 21C. WHERE DID III in Boltimore City, give exact location office bldg., INJURY OCCUR?
	21D TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT	21F. HOW DID INJURY OCCUR?
	22. I certify that I held an Inquiry Inspection A	utapsy X and that on this basis, death in my apinian
	ACTUAL SIGNATURE EXAMINER'S Charles S. Springate, M.D. NAME (Type)	CHIEF MEDICAL EXAMINER DATE SIGNED  ASSOCIATE MEDICAL EXAMINER October 17, 1966
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
	Cremation 10/19/1966 Loudon Parl	Cemetery Baltimore, Maryland
	007 10 1000 0 0 0 Fall 1	- Man 15 Tichow & Some with the



	00 40500	BALTIMORE CITY	HEALTH DEPARTMENT		00 10=00
BIR	TH NO. 66 10523	CERTIFICA	TE OF DEATH	Registered Na	66 10523
M.	CASE NO.		2. DATE AN	D HOUR OF DEATH	4 4 1
	pe or Printi CURRY, andrew		10/1	6166	7 AM
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND			e deceosed lived. If ins	titution: residence before admission)
	/				
	FULL NAME OF (If not in hospital or institution address or tocation)	ion, give sheet	C. CITY OR TOWN (If outs	side city limits, write RL	JRAL and give township
1	NSTITUTION		BALTIMORE		-04
	THE JOHNS HOPKINS	HOSPITAL		ural, give location)	
5	3		1706 E. EA	GER STREE	т /
5.		ED, NEVER MARRIED	B. DATE OF BIRTH	. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
MA	LE COLORED	WED, DIVORCED (specify) WIDOWER	1-2-96	ost birthday)	Months Days Hours Min.
102	. USUAL OCCUPATION (Give kind of work 10 B. KINE		11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF
dor	e during most of working lite, even if retired)	N Inst. TuliON	Va		WHAT COUNTRY?
13.	FATHER'S NAME	A SUSTITUTION	14. MOTHER'S MAIDEN NAM	A F	
100	FUCENE CURRY		THE THE PARTY NAMED IN THE	7 In	
	LOGENE		MARY SMIT	H	
15. (Ye	Was Deceased Ever in U. S. Armed Ferces? s, no or withnown) (If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO		TheresA CURR	V 1706 E	FAGER SI
	18. / 8 / . 0	CAUSE O	F DEATH		INTÉRVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	فم			ONSET AND DEATH
	LEADING TO DEATH	cinoma Bladder	5 months.		
	(This does not mean the mode of dying, heart failure, asthenio, etc. It means the dise	e.g., DUE TO	-		
	injuly of complication which caused deoth.)				
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if any, given	ving			
	rise to the obove cause (A) stating UNDERLYING CONDITION last.	the (C)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		1000000
	II				
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBU				
ATIC	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED
ERTI	0		No	CERTITING CAO	JEJ OF PEATIT.
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
CAL	DEATH (notify medical exemines)	etc.)			
EDI	21 D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
8	OF INJURY (A PPROX.)	While At Not While Work Not Work	e		
	22 1		10/16/	966 10 10	/16 1966 -
	22. I certify that (I) (this hospital) attend	10/11	61		
	that (I) (we) lost saw the deceosed olive			et in(my) (aur) opin	ion death accurred on the date
	and hour and from the causes stated abov	e. (1) (We) (did) (did not) v	iew the body ofter deoth.		
	23A. SIGNATURE		A 4 4	eu A	23B, DATE SIGNED
	Nymarakento	M.D. Atte	s. Med. Director	Phy s.	10/16/66.
	23C. PHYSICIAM'S NAME (Type)		23D. ADDRESS		1 1
	Bennand Kost	M.D.	Johns Hopk	ins Hospid	tal -
24	A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY et CRE		CATION (City	r, town, or county) (State)
1	REMOVAL (Specify) 10/20/66	Mt. Calran	8 Cem. 1.12.	a. Eou	NTY, ME
25	VIII-	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		
H	OCT 19 1966 R.P.	BE Jarken MA	Jane 100 las for	1. 1. 12-	4h. Lantral Gra
	150 85V 1/1/65	~ (7. (7. (1))	1 1 2 3 V 3 V 6	cts. 6 120	x /1



VS 150-REV. 1/1/65



Baltimore.

B. Pabrowski 2818 E. Baltimore St.

Burial 10/21/66 Holy Redeemer Cemetery

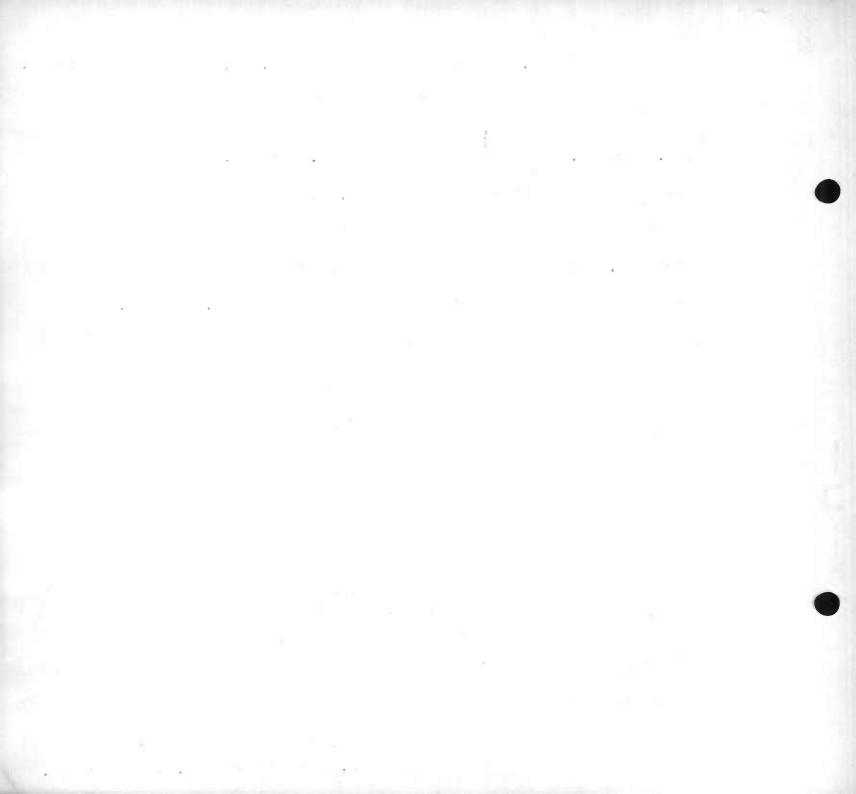
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL

B. Dabre

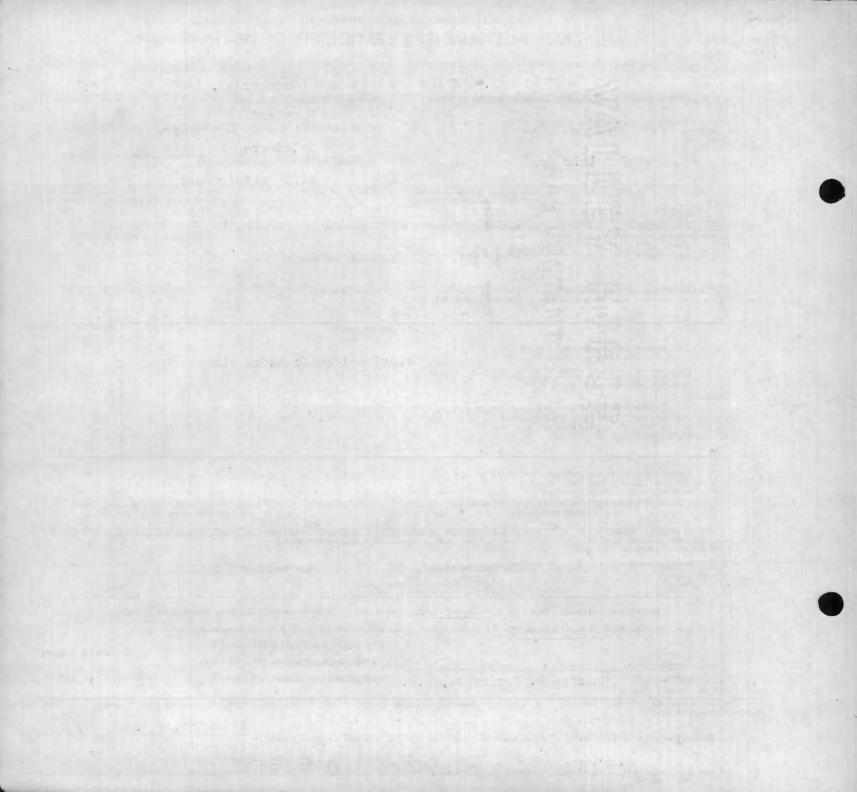
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VS 150-REV. 1/1/65



		1052WED	ICAL EX	(AMINER'S CE	RTIFICATE	OF DEATH Regi	stered No. 111526		
-	E CASE NO.		Top	onh	12.0	ATE AND HOUR PRONOUL	NCED DEAD		
ίŤy	Pe or Print		LLIP J.	A		tober 17, 1966			
3. 1	PLACE IN BALTIM	ORE MARYLAND, V	VHERE PRONOL	JNCED DEAD	A. STATE	Where doceosed lived. If is 1	institution: residence before admission COUNTY		
HO	LL NAME OF	(IF NOT IN HOSPI' ADDRESS OR LOC	TAL OR INSTITU ATION)	JTON, GIVE STREET	C. CITY OR TOWN		write RURAL and give lownship)		
	00 640	07 Belair R	oad		D. STREET ADDRESS	(Il rurol, give location)			
5. 5	Male 6.	White	WIDO WED,	NEVER MARRIED DIVORCED (specify) Tried	3/27/18	9. AGE (In year lost birthday) 48	Months Doys Hours Min.		
don	e during most of wor	king life, even if retired)		BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
	FATHER'S NAME	oyea Je	ricate	ssen Store	Bal timor				
13.		orge Nill	es			Lenen			
	WAS DECEASED	EVER IN U.S. ARME	D FORCES?	16. SO CIAL	17. INFORMANT		ADDRESS		
(Yo		yes, give wor or do		17-12-0125	Dorothy S	eechuk Nille	es, wife, above		
-	11B. //	7110	-	T	OF DEATH		INTERVAL BETWEEN		
	4-20	e Clini		CAUSE	OF DEATH		ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) Arteriosclerotic heart disease								
	(This does not heart lailure, o	meon the mode of sthenio, etc. It meon licotion which coused	ol dying, e.g., is the disease,	DUE TO	<u> 103CTETOCTC</u>	meart disease			
	ANTECENDENT CAUSES								
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
Z		CONDITION EAST		(C)					
ATIC	OTHER SIGNIE	II TICANT CONDITION	CONTRIBUTI	NG					
ERTIFICATION	TO THE DI	EATH BUT NOT R	ELATED TO T						
CER.	19A. DATE OF C		NDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 208, IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?		
EDICAL	(21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exect location) UNDERLYING OR CONTRIB-								
Σ	21D TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?  OF INJURY (APPROX.)  WHILE AT NOT WHILE								
	22. I certify that I held on Inquiry Inspection X Autapsy and that on this basis, death in my opinion								
	resulte	d fram: Notural c	ouses X			Undetermined ma	anner 🗌		
	ACTUAL SIGNATUI	1.0.1	2 S. S	M.D.	ACCICTANT MEDIC	CAL EXAMINER X	DATE SIGNED		
	EXAMINE NAME (Ty	R's Charles	S. Spri	ngate, M.D.	ASSOCIATE MEDI		October 17, 1966		
	MOVAL (Specify)			C. NAME of CEMETERY			City, town, or county) (State)		
	Burial	10/20		Gardens of		Baltimore			
24.	A. DATE REC'D B'	OOT 10 10	24B, NAME	OF REGISTRAR		ek Funeral I Brekns Lane	Home, Inc.		



00 40505	BALTIMORE CI	TY HEALTH DEPARTMENT		66 10527
BIRTH NO. 66 10527	CERTIFIC	ATE OF DEATH	Registered No	00 10001
M.E. CASE NO.  1. NAME OF DECEASED		2 DATE AN	ND HOUR OF DEATH	
(Type or Print)	Jones			111200
3. PLACE OF DEATH IN BALTIMORE MARYLAND	JONES	4. USUAL RESIDENCE (Whe	ere deceased lived. If ins	stitution: residence before admis
		A. STATE B. COUN	NTY	
FULL NAME OF (If not in hospital or instit	ution, give street	Manylal	v d	
INSTITUTION		C. CITY OF TOWN	itside city limits, write R	URAL ond give township)
33/		Baltimor		-
+11 11 DE 11	i in t		rurol, give location)	/
JOHNS HOPKINS HI	25pital DOA	) 1709 E. E26	erSt.	
	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (tn years	Months Doys Hours M
		3-8-1897	69	
OA, USUAL OCCUPATION (Give kind of work 10B, KII	10 OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
tone during most of working tite, even if retired)		0- 11 21	/_	WHAT COUNTRY!
3. FATHER'S NAME	etal Co.	14. MOTHERS MAIDEN NA	2. 7	145,17
		, ,		
WILSON JONES		ZINKNOWN		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
14.4	226-28-888/	Mne / Autos	JONES 1709	E Fanon CI
18. 44 44 = 14	CAUSE	OF DEATH	JONES TIET	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	(2)	A . 7	1	ONSET AND DEATH
LEADING TO DEATH		ngestive !!	cart all	cre 3/19/6
(This does not meen the mode of dying,	4-11			
heart failure, astheria, etc. It means the dis injury or complication which coused death.)		4 5 10000	S. 11.	10/16/6
ANTECEDENT CAUSES	(B) / +,	11,0, 1 tear	o heckes	4 - 7/15/
DISEASES OR CONDITIONS, if ony,	DUE TO			7110/0
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UNDERLYING CONDITION lost,				
_ 11				1
O OTHER SIGNIFICANT CONDITIONS CONTRIED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	INDINGS CONSIDERED
ER C				
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?	(It in Bathmore	City, give exact location
DEATH (notify medical examiner)	etc.)			
OF INJURY (Month) (Doy) (Year) (Hour	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX)	White At Not W	hile		
22 1 21 (22 (12 (23 )			10//	2/1/
22. I certify that (I) (this heapitel) atten	1 10 /	1 1 1 1	19 66 ta	0/16 196
that (I) (we) last sow the deceased alive			nat in(my) ( <del>eve)</del> -apin	nion deoth accurred an the
and hour and from the couses stated obc	ive. (I) (We) (did) (did nat)	) view the body ofter deoth.		
23A. SIGNATURE		Attending To Med		23 B. DATE SIGNED
1 CA TAN	Stoff O	10/18/66		
23C. PHYSICIAM'S NAME (Type)	THEFA	Altending Med Director Market Med Director Market Med Director Market Med	1993	
NAME (Type)	L. LA	GEN SI.	- od	23
24A. BURIAL CREMATION, 24B. DATE	RALTIMADE	DEAL ARCHY	OCATION (C)	
REMOVAL (Specify)	AC. NAME OF GEWELLS	REMATORY 21205 24D. L	OCATION (Cit	y, town, or county) (St
Buri21 10-21-66	Mt. Calvand Co	metery AN	Ne Anunde	c/ Co. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. N.	AME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
+ 0 +000 A	O P. O TADAM	3 Ray della (1)	Wirk-24215	die St.
VS 150-REV, 1/1/6 BCT 19 1966 (1)	CALLED TO	- pour graying	reck sign	CLICATO ROLI

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Wilson Fines dukurun

Burniel 18-27-26 The Lordon Schoolston Some Street St. 19th. The whole selection was the act of the

66 10528 66 10528 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) LE IGHTON Jr, October 19. 7:15 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 317 W. Biddle Street D. STREET ADDRESS (If rurol, give locotion) 317 W. Biddle Street 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr, If Under 24 Hrs. Months, Doys, Hours, Min. last bir WIDO WED, DIVORCED (specify) Male Colored Divorced TOA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) II S South Carolina Laborer 4. MOTHER'S MAIDEN NAME JOHN LEIGHTON. DIANA **JENKINS** 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL ADDRESS SECURITY NO. (Yes, no or unknown) (If yes, give wor or dotes of service) 217-01-5012 Scott Ave Mrs Molly Harrison, INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic Cardiovascular Diseas (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>N</u>O 11 CAT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH SUT NOT RELATED TO THE Diabetes Mellitus (by history) CERTIFI DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Soltimore City, give exact location) home, form, factory, street, office bldg., NJURY OCCUR? 21 A. EXTERNAL CAUSE WAS UTING CAUSE OF DEATH. 21D TIME (Month) (Dov) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Hourl OF INJURY m. WHILE AT NOT WHILE 22. Inspection I certify that I held an Inquiry Autopsy and that an this basis, death in my apinion Hamicide \_\_\_ resulted from: Natural causes X Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE ASSOCIATE MEDICAL EXAMINER EXAMINER'S 10/19/66 NAME (Type) Rudiger Breitenecker 23A. BURIAL CREMATION. 23B. DATE 23C. NAME of CEMETERY or CREMATORY (City, town, or county) 23D. LOCATION REMOVAL (Specify) Cemetry 22C. FUNERAL DIRECTOR 10/27/66 Burial National Baltimore

VS 151-REV. 1/1/65

24A. DATE REC'D BY HEALTH DEPT.

24B, NAME OF REGISTRAR

Adolphus

W North

ADDRESS

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attendance on the

a hospital and

PITAL OR Odd	not in hospital or ross or lacetion?  OS N. Callimore	houn Stre Maryland	et d 21223	A. STATE  Mary C. CITY OR'T  Balt D. STREET AC	land own (If o	ore daceasad lived. If in NTY  utsida city limits, write		
BE COLOR JAL OCCUPATION (ing most of working life,	oss or location)  8 N. Cal altimore	houn Stre Maryland Markied, Nev Widowed, Di Married	eet d 21223	Mary c. CITY OR T Balt D. STREET AC	land own (If o	utsida city limits, write	RURAL and give	tawnship)
6. RACE  COLOT  JAL OCCUPATION ( ing most of working life, ine operations)	red	, Maryland  MARRIED, NEV WIDOWED, DI Married	d 21223	308		t rurol, give lacation)		
e Color  JAL OCCUPATION ( ing most of working life,  ine operation	red Sive kind of work	Married			N. Calh	oun Street		
ing most of working life,		TOO WILLIAM OF BILL	INITES OR INITES	July 22	IRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months; Days	
ine operat		IOB, KIND OF BUS	INESS OR INDUSTR	T 11. BIRTHPLA	CE (State or tor	aign country)	12. CITIZEN OF	
HER'S NAME	tor	Bethleher	n Steel	Virgin	ia		USA	
				14. MOTHER'S		ME		
				Pahaa	ca Sear			
onard Tucke	S. Armed Force	es? 16.	SOCIAL	17. INFORMAN	NT Dear	5	ADDR	ESS
orunknawn) (If yes, gi	ve war ar datas		SECURITY NO.					
		12			Tucker	308 N.		
1 1 1 1 1 1 1	1-0	×7./	CAUSE	OF DEATH				AND DEATH
		ECTLY	Cox		Hacm	+ Weilman	2 .	weeks
DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION tast.								
					stomy			
198. CONDITION FOR WHICH OPERATION WAS PERFORMED					PSY? (Yes or h	IN CERTIFYING CA	FINDINGS CONS	DERED ?
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Looming (If in Boltimare City, give exact locotion) home, lorm, foctory, street, affice bldg., INJURY OCCUR?								
21D. TIME (Manth) (Doy) (Yaor) (Haur) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While								
I certify that (I) (	this hospital	ottended the d	eceosed from	3/26/66		19 to	10	/181966
that (I) (we) last saw the deceased alive on								
227ASIGNATURE M.D. AH					Mod.	Staff		
. PHYSICIAN'S	2 000	www	PH	23 D. ADDRESS	Director	Phys.	10/18	/66
Ralph W.	Reckl	ing	M.C		V. Gil	mor Street	t	
	24B. DATE	24C. NAME	OF CEMETERY OF C	REMATORY	24D.	LOCATION (C	City, tawn, ar coun	ty) (S
	DISEASE OR CO  LEADING is does not mean int failure, asthenia, iny ar camplication  ANTECEDI  EASES OR CONDI  LEASES OR CONDITION  HER SIGNIFICANT C THE DEATH BL  SEASE OR CONDITION  DATE OF OPERATION  ACCIDENT WAS U  CONTRIBUTING C  TIME (Manth)  INJURY  PROX.)  I certify that (I) (I)  It (I) (we) last saw  hour and from the  SIGNATURE  PHYSICIANS  NAME IType)  RALPH  R	DISEASE OR CONDITION DIRI LEADING TO DEATH is does not mean the mode of art failure, asthenia, etc. It means iny or camplication which caused  ANTECEDENT CAUSES  EASES OR CONDITIONS, if or the above cause (A) DERLYING CONDITION last.  HER SIGNIFICANT CONDITIONS CO. THE DEATH BUT NOT RELA- SEASE OR CONDITION CAUSING IT DATE OF OPERATION 1988. CONT WAS PERF.  ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (natify madical examiner)  ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF ATH (natify madical examiner)  ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF ACCIDENT WAS UNDERLYING TO CONTRIBUTION (Doy) (Yaar) INJURY PROX.)  I certify that (I) (this hospital) of (I) (we) last saw the deceased hour and from the causes state SIGNATURE  PHYSICAN'S NAME IType)  RELACEMATION, 248. DATE MOVAL (Spacify)	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  is does not mean the mode of dying, e.g., art failure, asthenia, etc. It means the disease, art failure, asthenia disease, art failure, asthenia the disease, art failure, asthenia th	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  is does not mean the mode of dying, e.g., int failure, asthenia, etc. It means the disease, iny ar camplication which caused death.)  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ACCIDENT WAS UNDERLYING  LOADE OF OPERATION  198 CONDITION FOR WHICH OPERATION  ACCIDENT WAS UNDERLYING  CONTRIBUTING  CONTRIBUTION  CONTRIBUTING  CONTRIBUTION  CONTRIBUTING  CONTRIBUTING  CONTRIBUTION  CO

VS 150-REV. 1/1/65

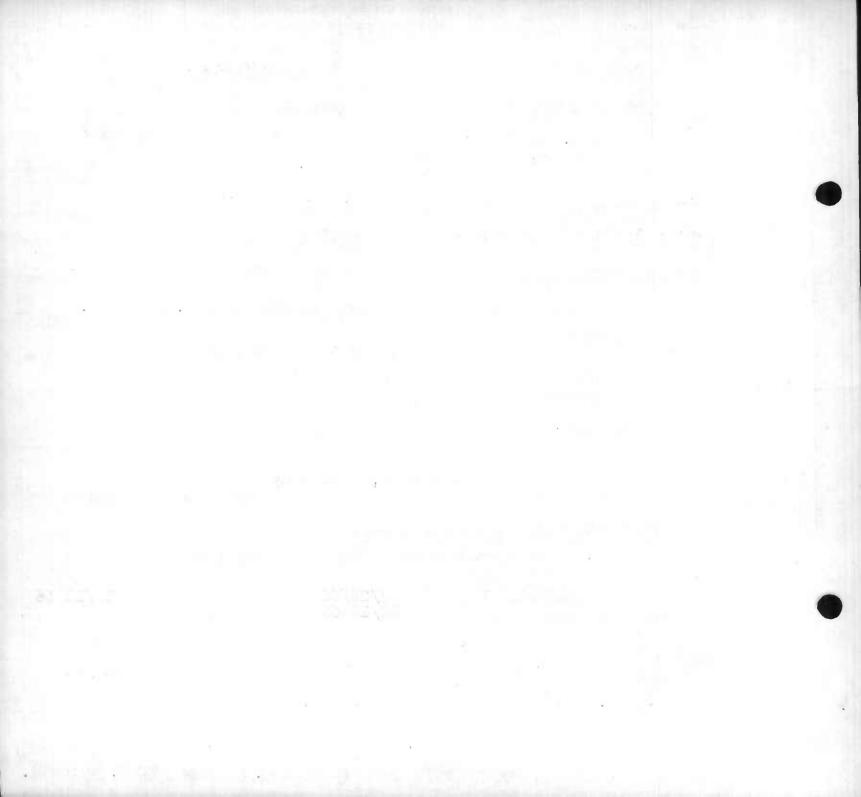
1966

258, NAME OF REGISTRAR
ROLLED E. Farkey M.

Phillips

Monroe St.

1727



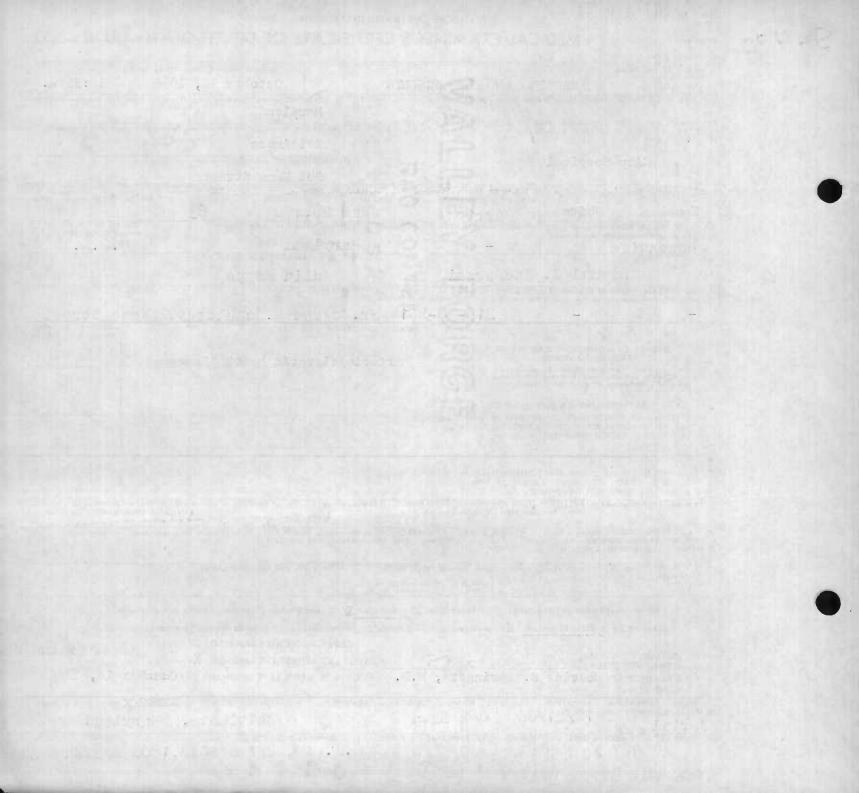
RETURNED CONTRACTORS

BUREAU 10 - 48 HOLY CROSS CENT SONSTELL HARM MALLOND

Martin Styler BALTER, 24, MD.

VS 151-REV, 1/1/65

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 100 BIRTH NO. M.E. CASE NO. . NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) 10:55 A. M. ANGELA SCHULTZ October 18, 1966 HEDWIG 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A. STATE
Moseral and
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN (If outside corporate limits rite RURAL and give township) Baltimore City Hospital D. STREET ADDRESS (If rurol, give location) 302 Kane Street 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr, If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birth to Months, Doys, Hours, Min. White Female June 28,1903 Married IOA. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTR YII. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife 13. FATHER'S NAME Maryland U.S.A. 14. MOTHER'S MAIDEN NAME Edmund J. Zacharski Julia Hoppe 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL ADDRESS 17. INFORMANT (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO. 5-30-6514 Mr. Norman E. Schultz, 302 Kane Street INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic heart disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). CERTIFICATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes MEDICAL 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID III in Boltimore City, give exoct location) home, form, factory, street, office bldg., NJURY OCCUR? 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21 D TIME 21E, INJURY OCCURRED (Month) (Doy) (Yeor) 21F. HOW DID INJURY OCCUR? OF INJURY m. WHILE AT NOT WHILE Inspection Autopsy X I certify that I held on Inquiry ond that on this bosis, death in my opinion resulted from: Natural couses X Suicide Homicide Accident Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER October 18, 1966 EXAMINER'S NAME (Type) 23A. BURIAL CREMATION, 23B. DATE 23C, NAME of CEMETERY or CREMATORY 23D. LOCATION (Mil) Xo Vo X d county) (Stote) REMOVAL (Specify) 10/21/66 Oak Lawn Baltimore, Maryland Burial 24A. DATE REC'D BY HEALTH DEPT. 248 NAME OF REGISTRAR ADDRESS 24C. FUNERAL DIRECTOR M.F.SADOWSKI & SONS, 1808 EASTERN AVE

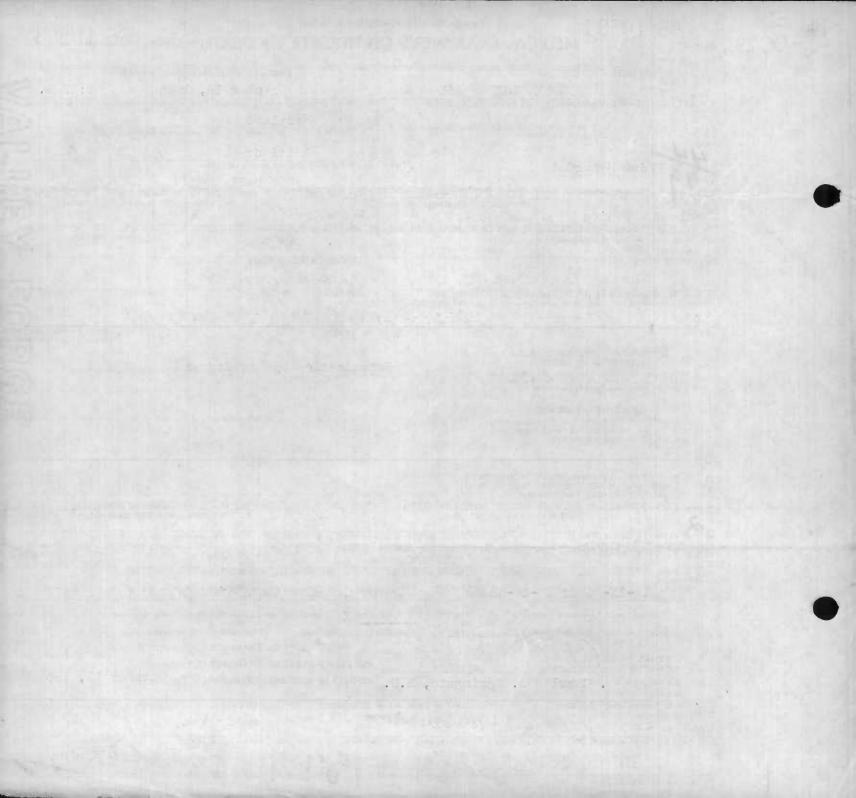


BALTIMORE CITY HEALTH DEPARTMENT

BIRT	H NO.	0 105 MED	ICAL EX	AMINER'S CI	ERTIFICATE (	OF DEAT	H Register	ed No.6 1	0532
-	CASE NO.					TE AND HOUR			
(Тур	e or Print) _	OUIS DUNN				October 1			20 A
3. P	LACE IN BALT	IMORE, MARYLAND, W			4. USUAL RESIDENCE	Where deceased		tution: residence b	pefore odmission)
FUL HO INS	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU ATION)	JTION, GIVE STREET	C. CITY OR TOWN (IF	autside carparate	limits, write	RURAL and give	township)
3	Unive	rsity Hospit	al		D. STREET ADDRESS				33
5. S	EX	6. RACE	77-100 A-00 (SEE	NEVER MARKED	B. DATE OF BIRTH	Jost b	irthdoy)	Months Days	If Under 24 Hrs. Hours Min.
	Male	White	SIN	GLE	MAR. 10, 19	70	301		
		JPATION (Give kind of working life, even if retired)	k 10B. KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)		12. CITIZEN OF WHAT COL	JNTRY?
	A second							U. S. A	•
13. 1	ATHER'S NAM				14. MOTHER'S MAIDEN	NAME			
126		DENCE DUNN	EOBCES?	16. SO CIAL	MARGARE 17. INFORMANT	et jones		ADDRESS	
(Yes	, na ar unknown	(If yes, give war ar dat		SECURITY NO.	TO THE ORIGINAL THE ORIGIN	3	24 so.	FRANKLIN	IST.
	IB.	KOREAN WAR		206-26-4683	HOMER E. GR.	AHIM V	VILKES-	BARRE, I	VAL BETWEEN
ERTIFICATION	DISEASES RISE TO THE UNDERLYII		ES ANY, GIVING STATING THE SCONTRIBUTI ELATED TO 1 G IT. NOTITION FOR		20A. AUTOPSY? (Yes				DERED
i.	2	L CAUSE WAS	RFORMED	PLACE OF INJURY (e.g.,	Yes			SES OF DEATH?	Yes
MEDICA	UNDERLYING	XOR CONTRIB- ISE OF DEATH.  (Month) (Day) (Ye	hame etc.)	Street  I E. INJURY OCCURRED	Car	roll St.	Westmi:	nister, M	1d.
	22. I cer	tify that I held an			130	an this basis	, death in n	ny apinion	
	resu	ted fram: Natural c	uses	Accident X Suicid	e Hamicide	Undeterr	nined manne	er 🗌	
	ACTUA SIGNAT		suti	while M.D	CHIEF MEDIC			DA	TE SIGNED
	EXAMIN NAME (	ER'S Rudige	r Breit		ASSOCIATE MEDIC			10	0/16/66
	BURIAL CRE	MATION, 23B. DATE	23	C. NAME OF CEMETERY	CREMATORY	23D. LOCATION	17	town, or county)	(Stote)
	BURIA		166	MAPLE HITT.	CEM.	HANOVE	R TOWNS	HIP, PA.	
	151-REV. 1/1	BY HEALTH DEPT.  OCT 20 1966	24B, NAME	SE TO COME	249 FUNERAL DI	RECTOR 1. Frield	2 478	Bonne Balto 8	& Brak Mcl

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1. NAME OF DECEASED		2. DATE AND HOUR PRONOL	JNCED DEAD
	LEE RAY	October 16, 19	
3. PLACE IN BALTIMORE, MARYLAND, WH	TERE PRONOUNCED DEAD		institution: residence before odmission) COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCAT	L OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits,	write RURAL and give township)
INSTITUTION		Baltimore	1308
Union Memorial	(DOA	D. STREET ADDRESS (If rurol, give location)	
		3860 Falls Road	
	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) MAISRIED	8. DATE OF BIRTH  9. AGE (In ye ios1 birthday)  26	Months Doys Hours Min.
ton. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTI	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	MARKET RECEIVED
		LOLA L, RAY	
(Yes, no or unknown) (If yes, give war or dotes	of service) SECURITY NO.	17. INFORMANT	ADDRESS
NO		GLOLAL, MAY 3860 FALL	
DISEASE OR CONDITION DIR	ECTLY	E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	dying, e.g., (A) I	ntoxication by barbiturate	A
heart foilure, osthenio, etc. It means injury or complication which coused do	the disease,	The state of the s	
ANTECENDENT CAUSES			
DISEASES OR CONDITIONS, IF AN			
UNDERLYING CONDITION LAST.	(C)		
II II			
OTHER SIGNIFICANT CONDITIONS C	ATED TO THE		
19A. DATE OF OPERATION 19B. CONE		Yes Yes or No) 208. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
✓ 21A, EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB-	218. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If in Boltimore Cit office bldg., INJURY OCCUR?	Yes y, give exact location)
UNDERLYING WOR CONTRIB-	home, form, foctory, street, etc.) UNKNOWN		00-00
21D TIME (Month) (Doy) (Year)		UNKNOWN 21 F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) 10-15-66 or 10-	-16-66 WHILE AT NOT	WHILE APPARENTLY TOOK OV	ERDOSE OF BARBITURAT
22. I certify that I held an In		stapsy x and that an this basis, death	
resulted fram; Natural caus			
() A	Accident 301ci	CHIEF MEDICAL EXAMINER	
ACTUAL Charles	3 Jan To	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE Charles	S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER	October 17, 1966
NAME (Type)			
	23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION	City, town, or county) (State)
23A. BURIAL CREMATION, 23B. DATE	166 WOODLAW	IN RACTOM	



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of death

BALTIMORE CITY HEALTH DEPARTMENT 66 10534 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO 2. DATE AND HOUR OF DEATH 1. NAME OF DECEASED (Type or Print) OCTOBER 16, 1966 ANDREW A. ANTLITZ 4. USUAL RESIDENCE (Where deceased fived, If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If autside city limits, write RURAL and give township) INSTITUTION ARBUTUS ST. AGNES HOSPITAL D. STREET ADDRESS (If rural, give location) CATON AND WILKENS AVENUES 5200 CARROLL PLACE 21227 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Days 5. SEX 6. RACE WIDOWED, DIVORCED (specify) tost birthday) MALE WHITE MARRIED 12-26-1907 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) BWASH. NAT. INSURANCE CO. SALESMAN MARYT AND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE ANTLITZ ELIZABETH DERWART 15, Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 215-09-5591 MRS. LILLIAN M. ANTLITZ, 5200 NO CAUSE OF DEATH 18. Coronary Dellusion 12 tiensacherote Heart & DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl foilure, asthenio, etc. Il meons the diseose, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving to the above couse (A) stating the UNDERLYING CONDITION lost. 11

2014	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
KILLIC		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?			
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in or home, form, foctory, street, office etc.)	obout 21 C. WHERE DID bldg., INJURY OCCUR?	(If in Battimare Cit	ly, give exoct tocotion)			
Š	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED  While At Not While Wark  Not Work	21 F. HOW DID INJU	IRY OCCUR?	,			
	22. I certify that (I) (this haspital) attend that (I) (we) lost saw the deceased alive and haur and from the causes stated above	on Det 4	1966 ond tha	9 66 to O e	1 death occurred an the			
	23A. SIGNATURE	harthy M.D. Attendi	ng Med.	Stoff Phys.	8. DATE SIGNED			

A. BRADLEY DAUGHARTHY M.D.

1264 FRANCIS AVENUE

24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) BALTIMORE. MARYLAND HOLY REDEEMER CEMETERY

10-19-66 BURLAL 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS

23 D. ADDRESS

VS 150-REV. 1/1/65

23C. PHYSICIAM'S NAME (Type)

REMOVAL (Specify)

24A. BURIAL CREMATION, 24B. DATE

HI HUBBARD, 4107 WILKENS AVENUE 21229

If Under 24 Hrs.

Hours

CARROLL PLACE

INTERVAL BETWEEN

ONSET AND DEATH

U.S.A.

ADDRESS

THE RESERVE OF THE PARTY OF THE

Berry T. a. a. 1 and F. a. J. Lang . Street B.

66 10535

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH I	NO.	MED	ICAL EX	CAMINER 5 CE	KIIFICATE OF	DEATH Registe	ered No. DO TUDO	
M.E. C	ASE NO.							
1. NA/	ME OF DECEA	RE:	ВА	ANDERSON		ber 17, 1966	10:15 A.	
FULL N	NAME OF	ORE, MARYLAND, V	AL OR INSTITU	UNCED DEAD	4. USUAL RESIDENCE (Whe A. STATE Marylan C. CITY OR TOWN (If outs	d side corporate limits, write		
0	0 22	S. Broadwa	У		D. STREET ADDRESS (If rur			
5. SEX		RACE	WIDO WED,	DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
10A. U.S		White AMON (Give kind of wo king lite, even if refired)	TE TOB. KIND OF	owed  F BUSINESS OR INDUSTRY	June 1,1905 11. BIRTHPLACE (Stole or for		12. CITIZEN OF WHAT COUNTRY?	
13, FAT	HER'S NAME	3 43			Martinsburg 14. MOTHER'S MAIDEN NA			
	S DECEASED	Dyd Anderso EVER IN U.S. ARME yes, give wor or dol	D FORCES?	16. SOCIAL SECURITY NO.	Matt:	ie Benner	ADDRESS	
N	0			2	Melvin M. Mill	er Raltimore	h. Ma	
TIFICATION	heort foilure, or injury or compl  ANT DISEASES OR RISE TO THE / UNDERLYING  OTHER SIGNIF TO THE DE		S the diseose, deoth.)  ES  ANY, GIVING STATING THE  CONTRIBUTION  ELATED TO TO TO IT.		20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE FI		
CAL	EXTERNAL O	CAUSE WAS R CONTRIB-	21 B.	PLACE OF INJURY (e.g., i , form, foctory, street, o	in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) office bldg., INJURY OCCUR?			
OF	I certify resulted  ACTUAL SIGNATUR EXAMINEI	that I hold an defram: Natural co	Inquiry I	Accident Suicide	ppsy X and that an Hamicide CHIEF MEDICAL	this basis, death in a Undetermined manne EXAMINER  EXAMINER		
	NAME (Ty URIAL CREMA VAL (Specify)	bel		C. NAME of CEMETERY OF	CREMATORY 23D		, town, or county) (Stote)	
	Burial	HEALTH DEPT.	1966 248 NAME	Rosedale OF REGISTRAR	24C. FUNERAL DIRECT	Martinsbu	rg, W. Va.	
VS 151	-REV. 1/1/65	CT 20 1960	190.5	3 8. Falona	F.C. Higinbook	hom, Ellicott netz and Coff	City, Md	

. OV. T. TEAUTON STORY CHARLEST THE COLUMN TO THE REAL PROPERTY.

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		00 10	-00	BALTIMORE CITY	HEALTH DEPARTMENT	\ /	00	10:00
BIRT	TH NO.	66 105	536	CERTIFICA	TE OF DEATH	Registered No.	66	10536
	AME OF DECEASED			CERTITION		HOUR OF DEATH		
	e or Print)		N TOTOGO	O I DO TON				
3. P	LACE OF DEATH IN	MISS MARC		O'BRIEN	10/1		stitution: Jesidenc	e before odmissio
					A. STATE B. COUNT	Υ		04 0
1	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital oddress or location	or institutí n)	on, give street	Maryland c. city or town (If outs	2120 side city limits, write	1	township)
	Jer	nkins Memo	rial	Hospital	Baltimore		5	3-00
	9/ 100	00 S.Cator	Aven	ue Î	D. STREET ADDRESS (If re	urol, give location)		
	Bal	Ltimore, M	ld. 21	229	956 St. Agnes'	Lane		
5. S	EX 6. RAG	CE		ED, NEVER MARRIED	B. DATE OF BIRTH	AGE (In years ost birthdoy)	If Under 1 Yr. Months: Doys	If Under 24 Hr
	F	N	0.7	wed, divorced (specify) er married	Nov.20.1900	66	Willins Doys	Tioons William
10A	-				11. BIRTHPLA CE   Stote or foreig		12. CITIZEN OI	F
done	e during most of working	life, even if retired)					WHAT CO	UNTRY?
	Clerk		Cath	.Charities Offi			USA	
13.	FATHER'S NAME				14. MOTHER'S MAIDEN NAM	N.E.		
10.	James 0				Mary McGui	re		
(Yes	Wos Deceased Ever in s, no or unknown) (If ye	s, give wor or dote	ces: s of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADD	: 522
1	VO			219 30 8470	Medical Reco	rds Rm_ Re	nkins Men	
-	18.	1		CAUSE O		ros ne ae	INTER	AL BETWEEN
	DISEASE OR	CONDITION DI	RECTLY	0	11/	0	ONSET	AND DEATH
	LEAD	ING TO DEATH		ia Ca o	Tthe NXER	et.		
	This does not me heart failure, asther							A
	injury or complicati			150,	1-1			
	ANTEC	EDENT CAUSES		(B) DUE TO	mousely k	ce to	2	
	DISEASES OR CO	ONDITIONS, if	ony, giv		Cria Dil			
	rise to the obo		stoting	the (C)	172 2 61-17			
	UNDERLYING CON	NDITION lost.						
ATION	OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND	BUT NOT RELA	TED TO					
ERTIFICATIO	19A. DATE OF OPER	ATION 198 CON WAS PER		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA		
CAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home, lorm, foctory, street, of etc.)			,, in a about 21C. WHERE DtD (If in Boltimore City, give exact location) office bldg., NJURY OCCUR?				
_		th) (Doy) (Yeo)	(Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
A	(APPROX.)			While At Not While Work Not Work	• 🗆			
	22. I certify that (	(1) (this haspital	) ottende	ed the deceosed from	7-6-66	9ta/	0-1	1960
	that (I) (we) last			100 11	19 66 and the	ıt in(my) (aur) opi	nian deoth acc	urred an the de
	and hour and from	the causes sto	ted obov	. (1) (We) (did) (did not) v	riew the body ofter deoth.			
	23A. SIGNATURE	,	11 11				23 B. DATE SIGN	VED

23C.PHYSICIAN'S NAME (Type) Manuel Rodriquez 24A. BURIAL CREMATION, REMOVAL ISpecify) 24B. DATE 24C. NAME of CEMETERY of CREMATOR

S.W.Blvd-Arbutus Linden &

Stoff Phys.

24D. LOCATION (City, town, or county)

(Stote)

66 NF 258. NAME 10 - 6 1966

VS 150-REV. 1/1/65

Attending

23D. ADDRESS

Med.

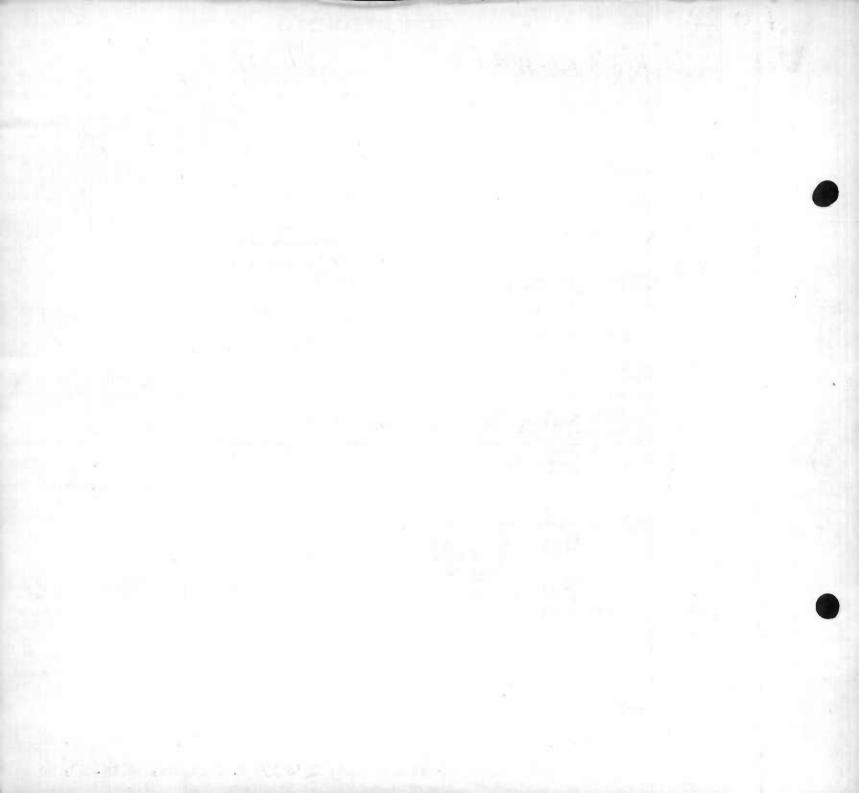
Director

10-18-66

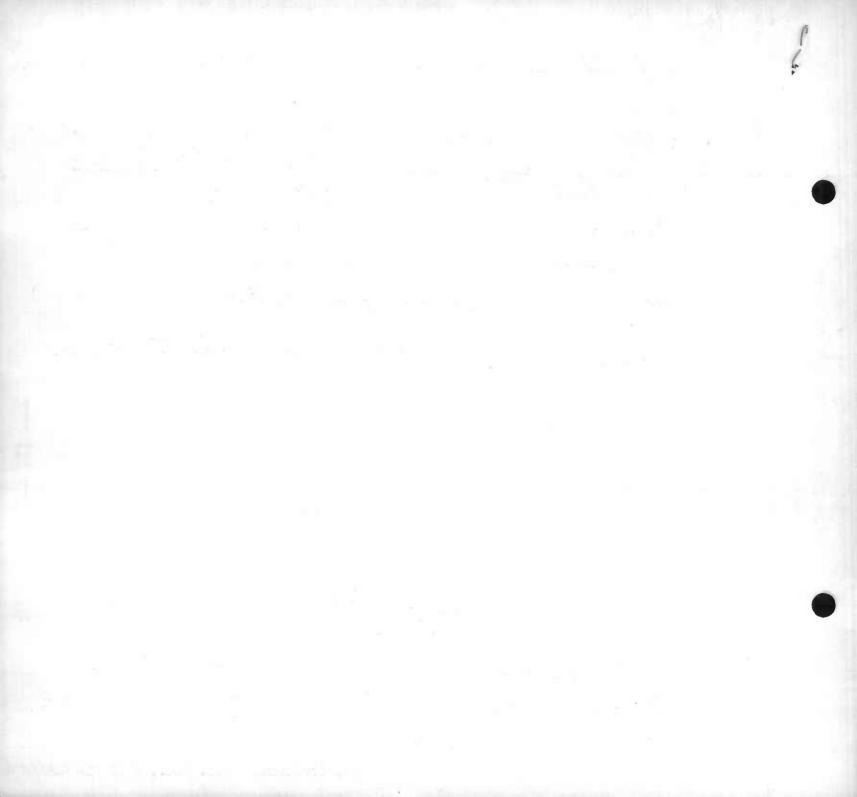
IMPORTANT

FUNERAL DIRECTOR:

ORTH NO. 66 10537				
	CERTIFICA	TE OF DEATH	Registered No	66 10537
ME CASE NO.  NAME OF DECEASED  Type or Print)  Esther L WOL	FE	2. PATE AN	9 HOUR OF DEATH	10:30 on
FULL NAME OF (If not in hospital or institution HOSPITAL OR Oddress or location)	n, give streel	A. STATE B. COUN C. CITY OR TOWN (If out	- Ballmine	JRAL and give township)
NORTH CHARLES GENE	RAL HOSPITAL	0. STREET ADDRESS (III	rujol, give locotion	tore Hd
[- // widay	D, NEVER MARRIED VED, DIVORCED (specify)		9. AGE (In years	If Under ? Yr, If Under 24 H Months: Doys Hours Min,
10A. USUAL OCCUPATION (Give kind of work 10B, KIND lone during most of working tile, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
TAS BREEDEN		14. MOTHER'S MAIDEN NAP	Mor	aline
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service		17. INFORMANT	espred	ADDRESS
DISEASE OR CONDITION DIRECTLY	CAUSE OF	4.4	n	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH  (This does not mean the mode at dying, e. heart laiture, asthenia, etc. It means the disease		HEMORAHAG	SIE TANCREI	ATMIS
injury or complication which caused death.)  ANTECEDENT CAUSES	(B)		riil die	
	DUE TO	1		
DISEASES OR CONDITIONS, if any, giving the state of the above cause (A) stating It UNDERLYING CONDITION last.	ng ne (c) <u>U</u>	REMIA -	· · · · · · · · · · · · · · · · · · ·	
rise to the abave cause (A) staling II UNDERLYING CONDITION last.	NG	REMIN -		
rise to the abave cause (A) staling II UNDERLYING CONDITION last.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	NG	RE MIH -	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
rise to the abave cause (A) staling II UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 20 CR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	NG THE	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH? City, give exact locotion)
rise to the abave cause (A) staling II UNDERLYING CONDITION last.    1	ING THE  R WHICH OPERATION  18. PLACE OF INJURY (e.g., in ome, form, foctory, street, off	or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	SES OF DEATH?
rise to the abave cause (A) staling II UNDERLYING CONDITION last.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. 1 certify that (F(this hospital) ottended	ING THE  R WHICH OPERATION  18. PLACE OF INJURY (e.g., in ome, form, foclory, street, off tc.)  1E. INJURY OCCURRED  While At At Wark  I the deceosed from	or obout 21C. WHERE DID ice bldg., INJURY OCCUR?	(If in Boltimore	SES OF DEATH?  City, give exact locotion)
rise to the abave cause (A) staling II UNDERLYING CONDITION last.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D.TIME (Month) (Doy) (Year) (Hour) V (APPROX.)	ING THE  R WHICH OPERATION  18. PLACE OF INJURY (e.g., in ome, form, foctory, street, off tc.)  1E. INJURY OCCURRED  While At	20A. AUTOPSY? (Yes or No or obout 21C. WHERE DID inspect of inspec	(If in Boltimore  URY OCCUR?  19 6 to	SES OF DEATH?  City, give exact locotion)  Co / 19 66  ion death occurred on the do
rise to the abave cause (A) staling II UNDERLYING CONDITION last.  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 2 OF INJURY (APPROX.)  22. 1 certify that (F) (this hospital) attended that (1) (M) last sow the deceased alive or and hour and from the causes stated above.  23A. SIGNATURE	ING THE  R WHICH OPERATION  1B. PLACE OF INJURY (e.g., in ome, form, foctory, street, off tc.)  1E. INJURY OCCURRED  While At Not While At Wark  I the deceosed from  (I) (We) (did) (dId not) vi  M.D. Atter Phys	20A. AUTOPSY? (Yes or No or obout 21C. WHERE DID in its bidg., INJURY OCCUR?  21F. HOW DID INJ  19 6 ond the item the body ofter death.	(If in Boltimore  URY OCCUR?  19 6 to	SES OF DEATH?  City, give exact locotion)
rise to the abave cause (A) staling II UNDERLYING CONDITION last.  11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 2  21D. TIME (Month) (Doy) (Year) (Hour) 2  21D. TIME (Month) (Doy) (Year) (Hour) 2  22. 1 certify that (Month) (Doy) (Year) (Hour) 2  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) Appared to Called Type)	ING THE  R WHICH OPERATION  1B. PLACE OF INJURY (e.g., in ome, form, foctory, street, off tc.)  1E. INJURY OCCURRED  While At At Wark  I the deceosed from  (I) (We) (did) (did not) vi  M.D. Atter Phys	20 A. AUTOPSY? (Yes or No or obout 21 C. WHERE DID ince bidg., INJURY OCCUR?  21 F. HOW DID INJ  19 6 ond the iew the body ofter deoth.  Med. Director	(If in Boltimore  URY OCCUR?  9 6 to  of in (my) (our) opin	SES OF DEATH?  City, give exact locotion)  10 19 66  ion death occurred on the death occurred occurred on the death occurred on the death occurred on the death occurred on the death occurred occurred on the death occurred occurred on the death occurred oc
rise to the abave cause (A) staling II  UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) CAUSING CAUSE OF CAUSE O	ING THE  R WHICH OPERATION  18. PLACE OF INJURY (e.g., in ome, form, foctory, street, off tc.)  1E. INJURY OCCURRED  While At Not While At Wark  I the deceosed from  (I) (We) (did) (dId not) vi  M.D. Atter Phys	20A. AUTOPSY? (Yes or No or obout 21C. WHERE DID ince bidg., INJURY OCCUR?  21F. HOW DID INJ  19 6 ond the iew the body ofter deoth.  Med.  3D. ADDRESS  Ver W. 121kg  MATORY  24D. Li	(If in Boltimore  URY OCCUR?  9 6 to option (my) (our) opin  Stoff Phys. Huff	SES OF DEATH?  City, give exact locotion)  10 19 66  ion death occurred on the do  23B DATE SIGNED  11 - 66



VS 150-REV. 1/1/65



VS 150-REV. 1/00-T

BALTIMORE CITY HEALTH DEPARTMENT

00 10520

M.E. CASE NO.	66 1053	9 C	ERTIFICAT	TE OF DEA	TH	Registered Na.	00 TOU	)3
1. NAME OF DECEAS	0 -	Han	rry	10	0/18	166	1//	35 A M
3. PLACE OF DEATH	IN BALTIMORE, MARY	AND		4. USUAL RESIDENC A. STATE B.	COUNT	occosod lived. If in	stitution; residence	before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital ar address or location)	institution, givo stroc	at .	C. CITY OR TOWN	alle autsia	de city limits, write l	RURAL and give to	wnship)
42 Sinci	Hospital	of Ro	O Limouro	D. STREET ADDRESS	MOT (If rur	al, give lacotion)	ADT	1 1
5. SEX 6. I	PACE 7.	MARRIED, NEVER		DATE OF BIRTH	9.	AGE (In years	If Under 1 Yr. Months: Days	If Under 24 Hrs. Hours Min,
M.	Cauc.	Mavr		9/5-/11.	103	birthdoy) 55	Two mass buys	riours ivini,
toA, USUAL OCCUPA	TION (Give kind of work 10	B. KIND OF BUSINE	SS OR INDUSTRY	1. BIRTHPLACE (State	e or foreign	cauntry)	12. CITIZEN OF WHAT COU	NTRY?
LOGUET SON	o Mar.	Liquos. S	No10-	4. MOTHER'S MAID	METE EN NAME	· Md.	USA	
15. Was Docogsed Eve	Rodman . S. Armod Farces	i? 16. soc	TAL 1	Letta 7. INFORMANT	. Fr	iedman	ADDRE	ss
(Yes, no ar unknown) (If	yes, give wor or dotes	of service) SEC	URITY NO.	Car	1	Grap P	/	11 PI
1B. 11 9	Army	U	CAUSE OF	DEATH	9	138 DI	INTERVA	
	OR CONDITION DIRECT	TLY	A	-4-119 -	m	and dead	ONSET	AND DEATH
(This does not	mean the mode of d	ying, e.g.,	DUE TO		/NY	cay (rev	50	men
	henia, etc. It means th ation which caused do		1	1/2	(b)	Marchia		
ANT	RECEDENT CAUSES		(B)	SCVV			geo	UI.
	CONDITIONS, if an						0	
	above couse (A) s ONDITION last.	iding ine	(C)					
O OTHER SIGNIFIC	ANT CONDITIONS CO							
TO THE DEAT	TH BUT NOT RELATE NDITION CAUSING IT.	D TO THE						
OTHER SIGNIFIC TO THE DEAT DISEASE OR CO 19A. DATE OF OF	WAS PERFO	TION FOR WHICH (	PERATION	20 A. AUTOPSY? (Yo	os or Nol	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIE USES OF DEATH?	DERED
OR CONTRIBUTION		218. PLACE homo, form, otc.)	OF INJURY (e.g., in foctory, stroet, offi	or obout 21 C. WHERE INJURY OC	DID CUR?	(If in Boltimore	Cily, give exocl	locotion)
21D. TIME IN OF INJURY	lanth) (Doy) (Yoor)	Hour) 21E INJURY While At Work	OCCURRED  Nat While At Work	21 <b>F. HOW</b> D	וטנאו סוס	RY OCCUR?		
22. I certify the	nt (I) (this bespital)			116	19	48 to 16	2118	1966
	st saw the deceased			A 40		in(my) (out) api	/	
	om the causes stated							
23A. SIGNATURE	4.4						238, DATE SIGNE	D
hauns.	Blum, M	el.	M.D. Atlen	ding Dirocto	SI Pi	off ny s.	10/181	66
23C. PHYSICIAN'S				D. ADDRESS	0	0 8	11.1.	
Louis	V. 131 V24,	119. 0.		3502 Wil				
24A. BURIAL CREMA REMOVAL (Spec		24C. NAME of	CEMETERY of CREA	MAIORY	24D. LOC		ty, town, ar county	
Burial 25A, DATE REC'D BY	10/19/6	6 Hebrew	Young Mer	25C. FUNERAL DI	RECTOR	Baltimore	Maryland	DRESS
DEL REG D DI		9 6 6	6		KECIOK	RHOS THO		istorstau



BALTIMORE CITY HEALTH DEPARTMENT

вийн но. 66 105	CERTIFICA	TE OF DEATH Registered No.	66 10540
1. NAME OF DECEASED (Type or Print)  HARL	Y GUMNITZ.	KY October 18,	
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE   Where deceased lived, If A. STATE B. COUNTY	institution: residence before admission)
FULL NAME OF (If not in hospital HOSPITAL OR oddiess or location INSTITUTION	or înstitutian, give street n)		RUBAL and give township)
48		D. STREET ADDRESS (If ruiol, give laction)	
Maryland General Ho		2609 Smith Avenue	
5. SEX 6. RACE Male White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Married	8. DATE OF BIRTH 9. AGE (In years lost birthdgy)  7/24/1913  9. AGE (In years lost birthdgy)	If Under 1 Yi. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of world done during most of warking life, even if retired)			12. CITIZEN OF WHAT COUNTRY?
Proprietor	Dry Cleaning	Baltimore, Maryland 14. MOTHER'S MAIDEN NAME	USA
13. FATHER'S NAME			
Nathan Gumnitzky 15. Was Deceased Ever in U. S. Armed For	ces? 16. SOCIAL	Kattie	ADDRESS
(Yes, no or unknown) (II yes, give wor or dote	es af service) SECURITY NO.	17. INFORMANT	ADDRESS
yes WW 11 Air 1	Force 220-07-9508		2609 Smith Avenue
DISEASE OR CONDITION DIE LEADING TO DEATH	DECTI V	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the made of heart failure, asthenia, etc. It means injury ar camplication which caused	dying, e.g., DUE 10	evisicles to a cardio	Several
ANTECEDENT CAUSES	(B) TIT	(Visicless) - confis	4.244.5
DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION tast.	, - 3 3	a seriar a regarde	
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISES OF CONDITION CAUSING	ATED TO THE		
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADED TO THE DEATH BUT NOT RELATED TO THE DEATH	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID (II in Boltima Injury OCCUR?	ore City, give exoct locotion)
21D. TIME   Month) (Doy)   Yeor) S (APPROX.)	Hour 21E, INJURY OCCURRED  While At Work At Work		
22. I certify that (I) (this haspita		10 (0/ 10	0 ct 10 10/1
that (I) (we) last saw the decease		19.66 and that in (my) (vor) o	ninian death accurred on the date
	ted abave. (I) ( <del>We) (did)</del> (dld nat)		simula dealli decorred dil file date
23A. SIGNATURE		The body direct deding	23B. DATE SIGNED
Seymon 10	The M.D. Att		Oct 18,1966
23C. PHYSICIANS NAME (Type)	Rubin M.D.	SYS Park His	Hrs Re,
24A. BURIAL CREMATION, 248. DATE REMOVAL (Specily)	24C. NAME of CEMETERY or CR	REMATORY 24D. LOCATION 1	City, town, or county) (State)
Burial 10/19/	66 CHERNIGOVER	3250 JUNEAL DIRECTOR	Maryland

VS 150-REV. 1/1/65

Reisterstown

1966 Robert E. Fallenni

Sol Levinson & Bros. Inc., 6010

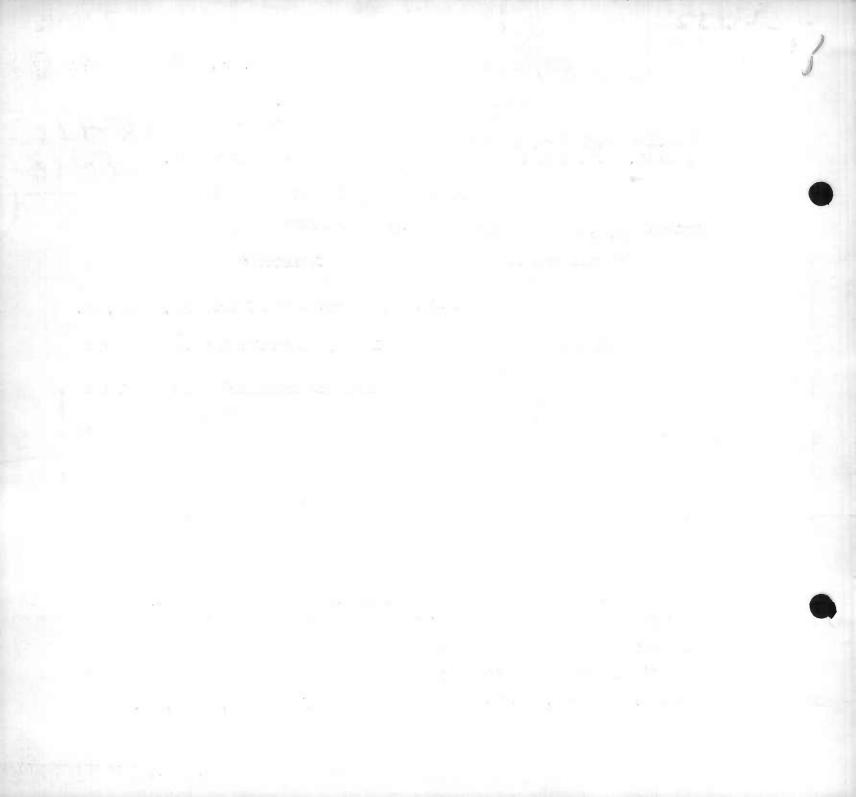


	3 00 405 44	BALTIMORE CITY	HEALTH DEPARTMENT		
-	M.E. CASE NO.	CERTIFICAT	TE OF DEATH	Registered Na.	66 10541
	1, NAME OF DECEASED ROCK. LO	U15	2. DATE AND	117/66	6:15 Pm.
ı	3. PLACE OF DEATH IN BALTIMORE, MARTLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If institu	lian: residence before admission)
	FULL NAME OF (If not in hospital or institution, give HOSPITAL OR address or location) INSTITUTION	: street	C. CITY OR TOWN (If auts	ide city limits, write RURA	TIMORE
	HASINAI HOSPITAL	.	D. STREET ADDRESS (If re	VZORE  ural, give location)	11-18
9 0	BALT MOR			ENMORE  AGE (In years If	Under 1 Yr., If Under 24 Hrs.
Is made.	WIDOWED, TO A A A A A A A A A A A A A A A A A A	RIED (Specify)	3/15/95	ost birthdoy) Me	onths Doys Hours Min.
	done during most af warking life, even if retired)		11. #IRTHPLACE (State or foreig	in country!	CITIZEN OF WHAT COUNTRY?
position	City of Baltimore Employ		14. MOTHER'S MAIDEN NAM	4 D	USA
	Samuel Prock			-	
0 0		5. SOCIAL	Amelia Hoffman		ADDRESS
5	(Yes, na or unknown) (If yes, give war ar dates af service)	SECURITY NO.			
III	yes Army WW 1 2	12-18-7149 CAUSE OF		lock, 4936 Der	more Avenue #15
0	DISEASE OR CONDITION DIRECTLY	CAUSE OF	DEAIII		ONSET AND DEATH
palmed	LEADING TO DEATH	(A)			
0	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO			
ешр	injury or complication which caused death.)	A S	SHD		20 yrs
	DISEASES OR CONDITIONS, if any, giving	DUE TO			
s are	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)			
the remains	II				
E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	11177571	NAL OBST	D RV 1	BD. ANUR.
9	DISEASE OR CONDITION CAUSING IT.	INTEST I	20A. AUTOPSY? (Yes or No.)	1	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHI			IN CERTIFYING CAUSES	OF DEATH?
Detore	U 21A. ACCIDENT WAS UNDERLYING 218, PL	ACE OF INJURY (e.g., in form, foctory, street, offi	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimore Cit	y, give exoct locotion)
0	OF INTER (Month) (Doy) (Year) (Hour) 21E, IN	IJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
ptained	(APPROX.) While Work	At Not While At Work			
100	22. I certify tha (1) Ithis haspital) attended the	deceased fram	7/66	9 10 10 /	19.66.
De	tha (1) (we) last saw the deceased alive an	10/1/	19 66 and tha	t in(my) (aur) apiniar	death accurred an the date
	and haur and fram the causes stated above. (1) (	We) (did) (did nat) vi	ew the body after death.		
approval must	23A. SIGNATURE	A.D. Atten		Stoff 🗲	DATE SIGNED
<u> </u>	Z3CPHYSICIAN'S	Phys.	Director S	hys	10/1/06
0	NAME (Type) AVID SPO	77 M.D.	SINAI A	LOSPITI	42
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	E OF CEMETERY OF CREA	MATORY 24D. LO	CATION (City, 1	own, or county) (State)
		rkmen Circle		Baltimore, M	aruland
Written	25A. DATE REC'DOCHEAUHOPETOGO 258 NAME OF	REGISTRAR DELLAS	25C. FUNERAL DIRECTOR		
\$	VS 150-REV. 1/1/65	0.0.	1 Igl Levinson	& Bros. Inc.,	6010 Reisterstown
	43 130-KE 4: 1/1/03				



IMPORTANT

DIRECTOR:



	T-6	1
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death).	
	hospitanse of	
	ed in a ting co d cause r atten prior to	
•	occurr ontribu ermine regula	is mad
	ct or c Undet vas in he dec	osition
TANT	stant if ne dire ind; (4) leath v	nal disp
FUNERAL DIRECTOR: IMPORTANI	his assi so, if the of any k unced of	d or fir
)R: 1/	ner. All acture pronou	nbalme
RECTO	exami exami (3) A fron n who in regu	s are el
AL DI	medical ledical burns; hysicia in was	remain
UNER	by a m by body be the p	ore the
-	d by the spital ture; (2 twhere 6) No p	ed before
•	pprove the hc any na (excep	obtain
	ased to dent of ospital death)	must be
	tas refe An accid at a ha	written approval must be obtained before the remains are embalmed or final disposition is made.
	certific body w vs: (1) A D.O.A.	ten app
	This the shover was dece	Writ

		BALTIMORE CIT	Y HEALTH DEPARTMENT		
RTH	NO. 66 10543	CERTIFICA	ATE OF DEATH	Registered Na.	- 66 10543
I.NA	ME OF DECEASED	16	2. DATE AN	ID HOUR OF DEATH	1
	OF Print)	- GROWE A	acto	BER 15	1960 1 A M
. PL	ACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Whe	re deceased lived. If	institution: residence before admission)
	LL NAME OF (If not in hospital or insti	tution, give street	C. CITY OR TOWN (If ou	ON D.C	
	STITUTION		C. CITY OR TOWN (If ou	tside city limits, write	RUKAL ond give township)
41	4		D. STREET ADDRESS (II	N	4 7
1					
u	NION MEMORYAL HO	SPINE	16101 16TH SF	· N.W.	
5. SE)		ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
	The state of the s		9-19-94	-	141011113
OA. L	JSUAL OCCUPATION (Give kind of work 10B. KI	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	ign country)	12, CITIZEN OF
	during most of working life, even if retired)	, ,		,	WHAT COUNTRY?
·H	DUSEWIFE a	t Some	14. MOTHER'S MAIDEN NA		4.5.A
	ATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
			10 10 11 01		
5. W	AMUEL LEVIN as Deceased Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dotes of se	1 6. SOCIAL	17. INFORMANT  15:1-DOR S TURE  OF DEATH	KAMEN	ADDRESS
Yes,	no or unknown) (If yes, give wor or dotes of se	SECURITY NO.	IIII whateld I		
			ISADOR S TURI	WES ( Hus	BANN) SAME
1	B. 4 2011	CAUSE	OF DEATH		
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH		UTE MY OCARDIN	1 10 Cmar	DYDAY 3 DAYS
	This does not meon the mode of dying			.Su	7
	hearl failure, asthenia, etc. Il means the di niury ar camplication which coused death,				
Η.		1.0			
	ANTECEDENT CAUSES	DUE TO			
	DISEASES OR CONDITIONS, if any, is to the obave couse (A) stolin				
	UNDERLYING CONDITION last.	g     (C)		*************************	
-					
Z	OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING			
2	TO THE DEATH BUT NOT RELATED				
	DISEASE OR CONDITION CAUSING IT.  9A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	ol 20B. IF YES. WERI	E FINDINGS CONSIDERED
CERTIFIC	WAS PERFORME			IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
S ER	TA. ACCIDENT WAS UNDERLYING	21R PLACE OF INITIBY (e.g.	in or obout 21C. WHERE DID	(If in Boltime	ore City, give exact location)
	OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?	(II III DONNIN	ore only, give exoct locollon,
S	DEATH (notify medical examiner)	etc.)			
03	TD. TIME (Month) (Doy) (Year) (Hou		21F. HOW DID IN.	JURY OCCUR?	
> I	APPROX.)	While At Not Wh	nile T		
				4.6	
	2. I certify that (1) (this haspital) atte				10-15 1966
t	hat (1) (we) last saw the deceased aliv	e an 10 -15-196	€ 19 and th	nat in (my) (aur) a	pinian death accurred an the da
0	and haur and fram the causes stated ab	qve. (1) (We) (did) (did not)	view the bady after death.	7	
	3A. SIGNATURE	The state of the s			23B, DATE SIGNED
	0 10 1	A M.D. A	ttending Med.	Stoff -	
	samuel Frex		vs. Director	Phys.	
2	C. PHYSICIAN'S DR SAMUEL	GRESHAM	23 D. ADDRESSE UNION	MEMORIAL	L HOSPITAL
	SAMUEL CURTIS 6	AA D			YOSPITAL
24A.		RESHAM  24C. NAME OF CEMETERY OF C	REMATORY 24D. 1		City, town, or countyl (Stotel
1	REMOVAL (Specify)	ada la	- 0	lank. A	
14	moval 10/13/66	ague vari	Tel /1	wanter	n, dC
25A.	DATE REC'D BY HEALTH DEPT. 258. N	AME OF REGISTRAR	250 FUNERAL DIRECTO	X In	ADDRESS
	OGT 20 1966 A D &	E JankuM. In	Leunden 14)	Wite m	6010 Kliotersteen
VS 1	50-8EV 1/1/65		1		WAND 1

THE THE YEAR STATE OF THE PERSON AND AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF A THE THE PROPERTY OF THE TAX 15. N. -- 194 -- 944 RASHEL AHARDS TEST MIN THE STANKING Marine (realized ) have tell of mouth THE RESERVE AND ASSESSMENT OF THE PARTY OF T

3760-5-01

VS 150-REV. 1/1/65

BIRTH NO. $66\ 10544$ CERTIFIC	
	CATE OF DEATH  Registered No. 66 10544
M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print)	10-16-66
Julia R. Taylor 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased fived, If institution; residence before or
	A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give toweship)
INSTITUTION	
This consider Hagnital	D. STREET ADDRESS (If rurol, give locotion)
3 7 University Hospital	1912 Harlem Avenue
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under
WIDOWED, DIVORCED (specify)	
P Negro Widowed  OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS	
done during most of working life, even if retired)	WHAT COUNTRY?
	Mashington, D.C. U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Crampton	imma wells
5. Wes Decessed Ever in U. S. Armed Ferces? Yes, no or unknown)[If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
250000	Nildred Loore 1912 Harlem Avenu
18. CAUS	E OF DEATH INTERVAL BETW
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	Coronary Occlusion Sinal I
(This does not mean the mode of dying, e.g., DUE TO	
hearl failure, asthenio, etc. It means the disease, injury or camplication which caused death.)	1. 1 + 1/ 10 - 30 /
ANTECEDENT CAUSES GOOM,	Musicula Marchaletare alle
DISEASES OR CONDITIONS, if any, giving	
rise to the obove cause (A) stating the	
rise to the obove cause (A) staling the (C)	
UNDERLYING CONDITION lost.	
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UNDERLYING CONDITION lost.    1	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  .g., in or about 21C. WHERE DID (If in Bothimore City, give exact tocation) to office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  While 1960 to 1960 to 1960 ond that in(my) (our) apinion death occurred on only view the body ofter death.  Attending 1960 Ned. Stoff Phys. 23B. DATE SIGNED 123D. ADDRESS  A.D. 1067 CC 1960 Neg. 123D. ADDRESS
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UNDERLYING CONDITION lost.    10	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  (g., in or obout 21C. WHERE DID to office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  While one of the initian of

re or Print) Taylor, Dani		2. DA	TE AND HOUR OF DEA	
laylor, Wani		10		
PLACE OF DEATH IN BALTIMORE, MARYLAND	e/	4, USUAL RESIDENCE	(Where deceased lived.	Li 30. P.M. If institution; residence before admiss
		0	COUNTY	
FULL NAME OF (If not in hospital or institution oddress or location)	n, give street	C. CITY OR TOWN	(If outside city limits, w	rite RURAL and give towaship)
INSTITUTION		Baltin	ore	15-06
lutheran Hosp. of Ba	· /-	D. STREET ADDRESS	(If rural, give location	
	D, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Ave.
A A I WIDOW	ED, DIVORCED (specify)		last birthdoy)	Months Doys Hours Mi
A. USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OR INDUS		or foreign country	12. CITIZEN OF
ne during most of working life, even if retired)		3.5- 3 2		WHAT COUNTRY?
FATHER'S NAME		Maryland 14. MOTHER'S MAIDE	N NAME	U.S.A.
Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give wor or dotes of service			4 0000	
118	CAUSE	Marion Th	omas 2027:	Was North :
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	w C	V.A. due 7	& ASCUD	
(This does not mean the mode of dying, e, heart foilure, osthenia, etc. It means the disease	9.,			
injury or complication which caused death.)				
ANTECEDENT CAUSES	(B) DUE TO	000000000000000000000000000000000000000	00 A A A A A C C C C C C C C C C C C C C	
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the	ng			
UNDERLYING CONDITION lost.	(C)	A O. O A O A O A O A O O O O O O O O O O		
II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		GI ble	ndino	
DISEASE OR CONDITION CAUSING IT.	R WHICH OFFRATION	20A. AUTOPSY? (Yes		ERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED			CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING		g., in or obout 21 C. WHERE		timore City, give exact location)
	etc.)	, office bldg., INJURY OCC	O K:	
21 D. TIME (Month) (Doy) (Year) (Hour) 2	IE. INJURY OCCURRED	21 F. HOW D	ID INJURY OCCUR?	
(APPROX.)	While At Not Work At W	While		
22. I certify that (I) (this haspital) attended			19 <b>44</b> to	10-16 196
that (I) (we) last sow the deceased alive at			-	opinian death accurred an the
and hour and from the causes stated above.	•			opinion doon decorred on the
23A, SIGNATURE	. (1) ("e) (ala) (ala ila	17 VIEW THE Dudy differ d		23B, DATE SIGNED
W. Km	<b>)</b> м.р.	Attending Med.	Stoff	1. 11-16
23C. PHYSICIAN'S		Phys. Director	Phys.	10-16-66
NAME (Type)	11111 M		1600	TO 00 110
IA. BURIAL CREMATION, 24B. DATE 24C.	P119	Luttlesa	24D. LOCATION	(City, town, or county) (Sto
REMOVAL (Specily)	Ti Ti	~		
Burial 10-19-66 1	It. Auburn (	Cem.	Baltimore	e, Maryland
Burial 10-19-66 1	t uburn (	Cem.  George K	Baltimore elson 1348	e, Maryland ADDRESS N. Calhoun St.
WON JA	HIM M	CREMATORY CREMATORY	an Hospi	(City, town, or county)

Anna Warrett Taylor barner THE RESIDENCE OF THE PROPERTY OF THE PARTY O The same of the same MIN (1921) A/N (12.1 

VS 150-REV. 1/1/65

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

IMPORTANT

FUNERAL DIRECTOR:

NAME OF DECEASED	2, DATE AND HOUR OF DEATH
Tempie Williams	10-17-66
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before adm
FULL NAME OF (If not in hospital or institution, give street oddress or location)  (If not in hospital or institution, give street oddress or location)	A. STATE  B. COUNTY  I.d.  C. CITY OR TOWN (If outside city limits, write (UAA) and give township)  Baltimore  D. STREET ADDRESS (If rurol, give location)
O O 1417 Mulberry Street	1417 Mulberry Street
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  F Negro Widowed	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 2
A. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUS ne during most of working life, even if retired)	N.C.   11. BIRTHPLACE (Stote of foreign country)   12. CITIZEN OF WHAT COUNTRY? U.S.A.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Allen Arraington	
Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	Lleanor Milliams 1417 Lulberry Sti
heort failure, osthenia, etc. It means the disease, injury or complication which caused deoth.)  ANTECEDENT CAUSES  DUE TO  DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. home, form, foctory, sheet	e.g., in or obout 21 C. WHERE DID (If in Bottimore City, give exact locotion) et, office bldg., INJURY OCCUR?
DEATH (notify medical examiner) etc.)	
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At W	While Work
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At W	While D 8 ct. 6 1959 to 0 ct. 17 196
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Work At W  22. I certify that (I) (this haspital) attended the deceased from that (I) (we) lost saw the deceased alive on 1.2	While Work  Oct 19 19 100 ct 17 196  Ond that in (my) (aux) opinion death occurred on the
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At W	While Work  Oct 19 19 100 ct 17 196  Ond that in (my) (aux) opinion death occurred on the
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work At Work  22. I certify that (I) (this haspital) attended the deceased from that (I) (we) lost saw the deceased alive on ond hour and fram the couses stated above. (I) (We) (did) (did no 23A. SIGNATURE	White Work  19 10 C 1 19  19 19 19 19 19 19 19 19 19 19 19 19 19 1
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21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attended the deceased from that (I) (we) lost saw the deceased alive on	While Work  19



VS 150-REV. 1/1/65

Such

of death a hospital and

ype or Print)	DECEASED			2. DATE AND	HOUR OF DEATH	
**	Arthur Fish	ner		Oct	ober 18, 19	66   3:50 P.
PLACE OF	DEATH IN BALTIMORE, M.			4. USUAL RESIDENCE (Where	deceased lived. If institu	
FULL NAM HOSPITAL C	Provident I	Hospital		Maryland	ide city limits, write NUR	AL and givestownship
20	1514 Divisi		;		ural, give location)	
07	Baltimore,	Maryland		2029 Guilford	l Avenue	
SEX Male	6. RACE Negro	Marrie	ed (specify)	12-25-12	53	f Under 1 Yr. If Under 24 F lanths Days Hours Min.
A. USUAL O			SINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreig	n country)	2. CITIZEN OF WHAT COUNTRY?
aborer			ter Guano (	Co. S. C., Elliot	Lee Co.	U.S.A.
FATHER'S				14. MOTHER'S MAIDEN NAM	NE.	
saac F	isher			Katie Brown		
. Wos Deces	sed Ever in U. S. Armed Fo		SOCIAL	17. INFORMANT		ADDRESS
res, na ar unkn 10	awn) (If yes, give war ar do	ies of service!	SECURITY NO.	Mrs. Vivian Fis	her 1528 Bren	twood Ave.
18. / /	2.1		CAUSE	OF DEATH		INTERVAL BETWEEN
DIS	EASE OR CONDITION D	RECTLY				ONSET AND DEATH
	LEADING TO DEATH		(A) Neu	ro myopathy and	Emaciation	
	s not mean the mode oure, asthenia, etc. It mean		DUE TO	00 0 0 0 0 0 0 0 0 0 <b>1 1 1 1 1 1 1 1 1 </b>		
	complication which cause		Pro	nahagania -danag	annainoma of	
	ANTECEDENT CAUSE	S	(B) DIO	nchogenic adenoc	alcinoma or	
DISEASES	OR CONDITIONS, if	any, giving		ht lower lobe		Two months
	The above cause (A)	) stoling the	(C) 118	WC TOMEL TOBE		TAO WOHOUS
OTHER SI TO THE DISEASE	GNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING	CONTRIBUTING LATED TO THE	Right lowe	r lobectomy		6 days
	OF OPERATION 198. CO			20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	DINGS CONSIDERED
1 10	)-12-66 Li	ung Cance	6	No		
	IDENT WAS UNDERLYING RIBUTING CAUSE OF offy medical examiner	21B. PL.	ACE OF INJURY (e.g.,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore C	ity, give exact lacation)
OR CONT						
OR CONT	Υ	(Haur) 21 E. IN While Wark	At Not Wh	21F. HOW DID INJU	JRY OCCUR?	
21A. ACC OR CONT DEATH (n 21D. TIME OF INJUR (APPROX.)	Υ	While Wark	At Not Wh	nile —		ber 18, 1966
21A. ACC OR CONT DEATH (n 21D. TIME OF INJUR (APPROX.) 22. I cer- that (I) (	tify that (I) (this haspit we) last saw the decea	While Wark	Not What Word Not Work Not Wor	October 3, 1966	9 to Octo	
21A. ACC OR CONT DEATH (n 21D. TIME OF INJUR (APPROX.) 22. I cer- that (I) (	tify that (I) (this haspit we) last saw the decea and fram the causes st	While Wark	Not What Word Not Work Not Wor	0ctober 3, 1966	9ta Octo	
21A. ACC OR CONT DEATH (n DEATH (n OF INJUR (APPROX.) 22. I cer that (I) ( and haur	tify that (I) (this haspit we) last saw the decea and fram the causes st	While Wark	Not What Word deceased from etober 18, We) (did) (did not)	October 3, 1966 <sub>1</sub> 19 66 and the view the bady after death.	9taOcto	n death accurred an the o
21A. ACC OR CONT DEATH In 21D. TIME OF INJUR (APPROX.) 22. I cer- that (I) ( and haur 23A. SIGN	tify that (I) (this haspit we) last saw the decea and fram the causes st	While Wark	Not What Word deceased fram tober 18, we) (did) (did not)	October 3, 1966  19 66 and the view the bady after death.  ttending Med. Director	9ta Octo	n death accurred an the o
21A. ACC OR CONT DEATH In 21D. TIME OF INJUR (APPROX.) 22. I cer- that (I) ( and haur 23A. SIGN 23C. PHYS NAM	tify that (I) (this haspit we) last saw the decear and fram the causes st ATURE CICIAN'S E (Type)	While Wark al) attended the sed alive an O	Not What Word deceased from ctober 18,  We) (did) (did not)  M.D. Apple	October 3, 1966  19 66 and the view the bady after death.  Hending Med. Director Director San Address  23D. Address  8811 Liberty	9ta_Octo  of in(my) (aur) apinia  Stoff Phys	is, DATE SIGNED 10-19-66
21A. ACC OR CONT DEATH (n 21D. TIME OF INJUR (APPROX.)  22. I certhat (I) ( and hour 23A. SIGN  23C. PHYS NAM	tify that (I) (this haspit we) last saw the decear and fram the causes st ATURE	While Wark al) attended the sed alive an O	Not What Word deceased fram tober 18, we) (did) (did not)	October 3, 1966  19 66 and the view the bady after death.  Hending Med. Director Director San Address  23D. Address  8811 Liberty	9ta_Octo  of in(my) (aur) apinia  Stoff Phys	n death accurred an the o

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M.E. CASE NO.  I. NAME OF DECEASED		TE OF DEATH	Registered No	66 10548
(Typo or Print) MARY H	PUDEN			1946 10145
3. PLACE OF DEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceased tived. If ins	1966 10 73 AM.
FULL NAME OF (If not in hospitol or ins HOSPITAL OR oddross or location)	A .	C. CITY ON OWN (If out	111	Balts Co, URAL ond give township)
HOUSE-IN-THE-PIN	ES NURSING	PIKES VII/E	urol, give location)	43-90
Home (BEIVEDERE H		17 01d Co		/
5. SEX   6. RACE   7. A	ARRIED, NEVER MARRIED	8. DATE OF BIRTH	AGE (In years	If Under 1 Yr., If Under 24 Hrs.
FW	WIDOWED (specify)	March 13 1879	ost birthdoy)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, done during most of working life, even if retires)	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or Torois	gn country)	12. CITIZEN OF WHAT COUNTRY?
Herrisewife (	even homo	Belling	and mel	71.16
13. FATHERS MAME	1/1	14. MOTHER'S MAIDEN NAM	AE /	100
Eller 3.	Shewell	Mary 1	K. Aha	
15. Was Deceased Ever in U. S. Armed Foicas? (Yes, no oi unknown) lift yas, give war or dotos of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	myun	Washingen D.C
MO Mana	2/7-17-1:	WA Muss Mil	Fred Di	Barrell Walle of
MB. 1 9 1 X	CAUSE	OF DEATH	w prome	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	LY	0 1		ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying	(A)	BRONCHO PNE	EUMONIA	IWEEK
heart failure, osthenia, etc. It means the	disease,			
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any,	DUE TO			
rise to the obove cause (A) stot				
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	KIBUTING	CARDIAL DECO	*	3 1/2 MONTH
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORN	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.		INDINGS CONSIDERED JSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify modical examinar)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, otc.)		(If in Baltimore	City, give exect locotion)
21D. TIME (Month) (Doy) (Yeor) (Ho		21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not Wh			
22. I certify that (I) (this hospital) att	ended the deceased from	v/v 3	966 to OC	TOBER 16 19 66
that <b>(we)</b> last sow the deceased al	ive an John October	2 16 19 66 and the	at in (my) ( api	nion death occurred on the dat
and hour and from the couses stated a				
23A. SIGNATURE				23B, DATE SIGNED
Howard Tot. Com	M.D. At	onding Med. Director	Stoff Phys.	October 16, 196
23C. PHYSICIAN'S NAME (Type)	auc / C	23D. ADDRESS 11969 A	PEISTERSTO	WNPA
HOWARD H. GEND	DSON M.D.	REISTERSTOWN		(136)
24A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CI			y, town, or county) (Stote)
REMOVAL (Specify)		111 . 11-1	1 1/4	
19 1111 Valor 1919/2	Sollaw-Vollanda.	Marselle (10)	11/1/2	· Vall
	New Cathelens	25C. FUNERAL DIRECTOR	allemon	ADDRESS ADDRESS
25A. DATE REC'D BY HEALTH DEPT. 7298.  OCT 20 1966	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	alleman	P. Bourell - S. Ma

the state of the same of the transfer of the same of th Among the first of the second and the second s  IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

	66 105	50 BALTIMOR	E CITY HEALTH DEPARTMENT	00 40 ==
BIRTH NO.		CERTIF	ICATE OF DEATH Registered	No. 66 105.
M.E. CASE N	DECEASED		2. DATE AND HOUR OF DE	ATH
(Type or Print)	BROWN, JOSEI	PH	OCTOBER 14 19	966
3. PLACE OF	DEATH IN BALTIMORE, M.	ARYLAND	4. USUAL RESIDENCE (Where deceased lived, A. STATE B. COUNTY	Il institution: residence before odr
HOSPITAL	OR oddress or location			rite RURAL one give township
36	FRANKLIN SQU	UARE HOSPITAL	D. STREET ADDRESS III rurol, give location	int by st
5. SEX	E NON WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spec	ify)  B. DATE OF BIRTH  9. AGE (In years lost birthday)  UNKNOWN  62	If Under 1 Yr. If Under Months Doys Hours
done during me		rk 108, KIND OF BUSINESS OR INC	PUSTRY 11. BIRTHPLACE (State or foreign country)  MARYLAND	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S			14. MOTHER'S MAIDEN NAME	
	K BROWN		MARTHA ?	
	01			
15. Was Dece (Yes, no or unk	nown) (If yes, give wor or do	tes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO			MRS MARY TATE 627 N	MOUNT ST. 23
18.	GIVI	CA	USE OF DEATH	INTERVAL BETWE
DISEASE IS UNDERL	es nal mean the made a lure, asthenia, etc. It mean camplication which couse ANTECEDENT CAUSE is OR CONDITIONS, if the abave cause (A). YING CONDITION last.	s the disease, d deoth.)  S (B)	BRONCHOPNEUMONIA	
DISEASE	OR CONDITION CAUSING		[20A. AUTOPSY? (Yes or No)] 20B, IF YES. W	CAT SIMPLINGS CONSIDERS
THE PART OF THE PA		REDRATED		ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CON DEATH	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF notify medical examiner		(e.g., in or obout 21C. WHERE DID (If in Bolt reet, office bldg., INJURY OCCUR?	imore City, give exact location)
21 D. TIM OF INJU (APPROX	RY	While At N	21F. HOW DID INJURY OCCUR?	
22. I ce	rtify that (1) (this hospite	al) attended the deceased from	JULY 1ST 19 66 to	19
that (1)	(we) last saw the deceas	sed alive an OCT 14,6	nat) view the bady after death.	apinian death accurred an t
23A. SIGN		5.52 656 (i) (iie) (did) (did	The pady dilet dedills	23B, DATE SIGNED
	C. K.	Kim M.	D. Attending Med. Staff Phys. Director Phys.	OCT 14,66
23C.PHY	SICIAN'S ME (Type)		M.D. FRANKLIN SOUARE HOS	PITAL
24A. BURIAL	CREMATION, 24B. DATE	24C. NAME of CEMETERY		(City, town, or county) (
BURI				)
25A. DATE R	UGT 20 1966	25B. NAME OF REGISTRAR	A DE HALL HALL	ADDRESS

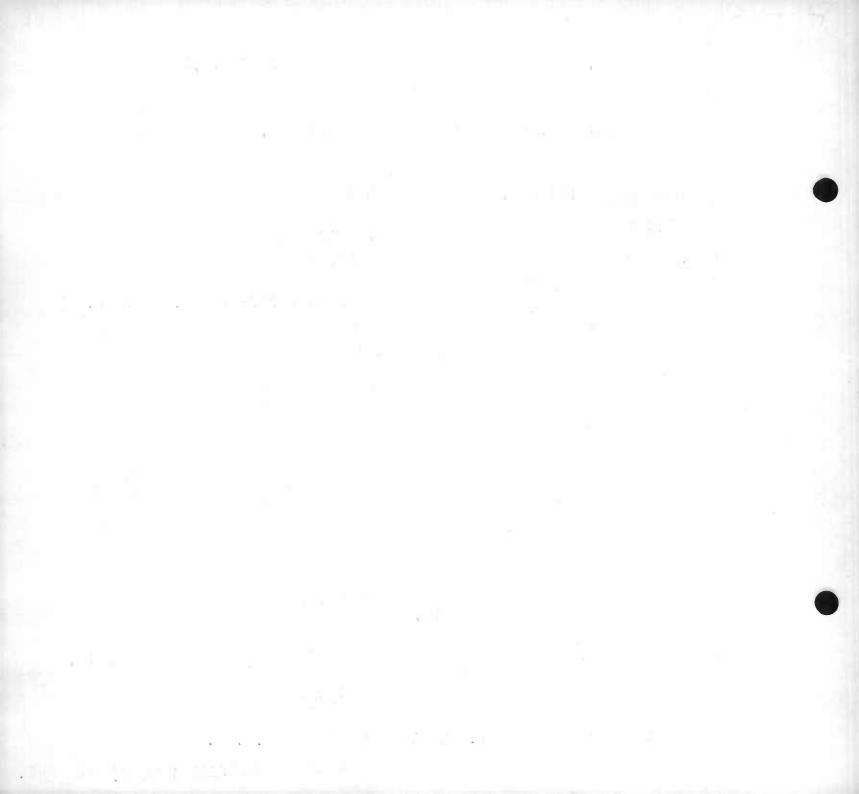
CEMETARY A.A.CO.

25C. FUNERAL DIRECTOR

ALD LAHUS HALSTE MT. CALARY

258. NAME OF REGISTRAR

102 00 640 12.00 VS 150-REV. 1/1/65



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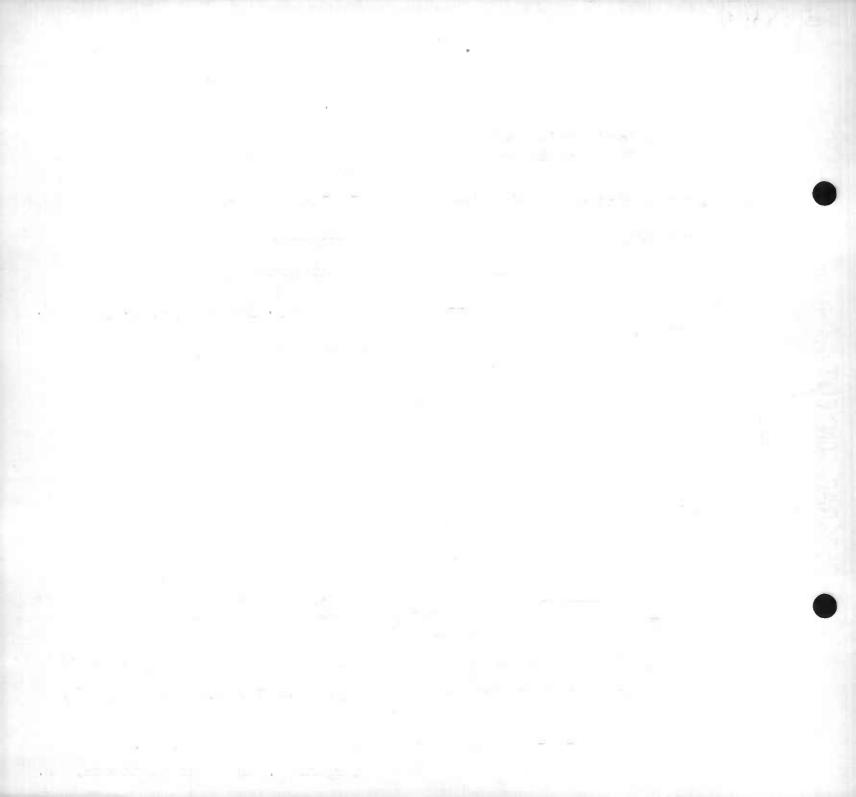
## BALTIMORE CITY HEALTH DEPARTMENT

tered No.	66	1	05	5.
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PLACE OF DEA	ATH IN BALTIMORE, MA	RYLAND	C	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived, If institu	
FULL NAME OF HOSPITAL OR INSTITUTION	OF (If not in hospital of oddress or location		ve street		ide city timits, write RUR	AL and give townshipt
90	Mount Nursin 3706 Nortoni	_		4 4 4	urol, give location)	3
- SEX	6. RACE		VEVER MARRIED	1	ria Road	Under 1 Yr. , If Under 24 H
temale	white	widow	DIVORCED (specify)	6-11-1878	ost birthdoy) 88 M	tonths Doys Hours Min.
one during most of	UPATION (Give kind of work working life, even if retired)	TOB. KIND OF	BUŠINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreig	in country) [1	2. CITIZEN OF WHAT COUNTRY?
3. FATHERS NAT				14. MOTHER'S MAIDEN NAM	A.E.	USA
		Shane				
	Ever in U. S. Armed For	ces?	6. SOCIAL	Not known		ADDRESS
	(If yes, give wor or dote	s of service)	SECURITY NO.	Harbard C. C	:// 700	6 2011 61
1B. // (1)	1/1/1	•	CAUSE	Herbert G. G	remment 109	INTERVAL BETWEEN
DISEA	SE OR CONDITION DIR	RECTLY	-	,		ONSET AND DEATH
	LEADING TO DEATH		<sub>(A)</sub> 13	ronchopneum	onia	5 days
	nal meon the mode of		DUE TO			
	asthenia, etc. It means					
	ANTECEDENT CAUSES		(B)			
			DUE TO			
	OR CONDITIONS, il e above cause (A)		(C)			
	G CONDITION last.		( 0 /		***************************************	
DIADEKTIIN						
UNDERLIN						
7	III	ONTRIBUTING	_			
7	IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO THE				
OTHER SIGN TO THE D DISEASE OR	CONDITION CAUSING I	TED TO THE T.	HICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED
OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRIBUTION OF CONT	CONDITION CAUSING I F OPERATION 198, CON	TED TO THE T.  DITION FOR WI FORMED	LACE OF INJURY (e.g.,		IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
OTHER SIGN TO THE D DISEASE OR 19A. DATE OF CONTRIBUTION OF CO	DEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PERF NT WAS UNDERLYING UTING CAUSE OF	TED TO THE T.  DITION FOR WIFORMED  218. P home, etc.)	LACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimore C	S OF DEATH?
OTHER SIGN TO THE D DISEASE OR 19A. DATE OF OR CONTRIBUTION OF	DEATH BUT NOT RELA CONDITION CAUSING OI F OPERATION 19B. CON WAS PERF NT WAS UNDERLYING UTING CAUSE OF / medicol exominer)	TED TO THE T	CLACE OF INJURY (e.g., form, foctory, street,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore C	S OF DEATH?
OTHER SIGN TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBUTION OF INJURY (APPROX.)	DEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PERF NT WAS UNDERLYING UTING CAUSE OF / medicol exominer)  (Month) (Doy) (Yeor)	TED TO THE TO TH	NJURY OCCURRED  At Not Work  Not Wor	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact locotion)
OTHER SIGN TO THE D DISEASE OR 19.A. DATE OF CONTRIBUTION OF INJURY (APPROX.)	DEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198, CON WAS PERF  NT WAS UNDERLYING UTING CAUSE OF medicol exominer)  (Month) (Doy) (Yeor)	TED TO THE T.  DITION FOR WIFORMED  218. P home, etc.)  (Hour) 21E. I White Work  () ottended the	NJURY OCCURRED  At Not Work  a deceased fram	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact locotion)
OTHER SIGN TO THE D DISEASE OR 19A. DATE OF THE D DEATH (noise)  21A. ACCIDE OF CONTRIBUTION OF INJURY (APPROX.)  22. I certify	DEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PERF NT WAS UNDERLYING UTING CAUSE OF / medicol exominer)  (Month) (Doy) (Yeor)	TED TO THE T.  DITION FOR WIFORMED  218. P home, etc.)  (Hour) 21E. I White Work  () ottended the	NJURY OCCURRED  At Not When the deceased fram	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact location)
OTHER SIGN TO THE D DISEASE OR 19A. DATE OF OR CONTRIBUTED OF INJURY (APPROX.)  21.   certify that (I) (we)	DEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PERF  NT WAS UNDERLYING UTING CAUSE OF Medical examiner)  (Month) (Doy) (Year)  T that (1) (this haspited)	TED TO THE T	NJURY OCCURRED  At Not Won  At Word  At Word	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact location)
OTHER SIGN TO THE D DISEASE OR 19 A. DATE OF TO THE D DEATH (noisy 21 D. TIME OF INJURY (APPROX.)  22.   certify that (i) (we) ond hour on 23 A. SIGNATI	DEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PERF  NT WAS UNDERLYING UTING CAUSE OF / medicol exominer)  (Month) (Doy) (Year)  That the causes stot	TED TO THE TO TH	NJURY OCCURRED  At Not What Word  At Word  At Word  At Word  (We) (did) (did not)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  19 6 and that view the body after deoth.	(If in Boltimore C	ity, give exect location)  L 18 19 66 In death occurred on the
OTHER SIGN TO THE D DISEASE OR 19 A. DATE OF TO THE D DEATH (noisy 21 D. TIME OF INJURY (APPROX.)  22.   certify that (i) (we) ond hour on 23 A. SIGNATI	DEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PERF  NT WAS UNDERLYING UTING CAUSE OF / medicol exominer)  (Month) (Doy) (Year)  That the causes stot	TED TO THE TO TH	NJURY OCCURRED  At Not What Word  At Word  At Word  At Word  (We) (did) (did not)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID INJURY.  19 6 and that view the body after deoth.	(If in Boltimore C	ity, give exect location)  19 66 In death occurred on the object of the occurred on the object of the occurred on the object of the occurred on the occurred o
OTHER SIGN TO THE D DISEASE OR 19A. DATE OF	DEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PERF  NT WAS UNDERLYING UTING CAUSE OF (medicol exominer)  (Month) (Doy) (Yeer)  Thot (1) (this hospital ) last sow the deceose d fram the causes stot  JRE Takkens B.	TED TO THE TO TH	NJURY OCCURRED  At Not What Work  At Manual M	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID INJURY.  19 6 and that view the body after deoth.	IN CERTIFYING CAUSE  (If in Boltimore C  DRY OCCUR?  to	ity, give exact location)  2 18 1966  In death occurred on the list, DATE SIGNED  Oct. 18, 1964
OTHER SIGN TO THE D DISEASE OR 19A. DATE OF	DEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PERF  NT WAS UNDERLYING UTING CAUSE OF / medicol exominer)  (Month) (Doy) (Year)  That the causes stot	TED TO THE TO TH	NJURY OCCURRED  At Not What Word  At Word  At Word  (We) (did) (did not)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 46 and that view the body after deoth.	IN CERTIFYING CAUSE  (If in Boltimore C  DRY OCCUR?  to	ity, give exact location)  2. 18 1966  In death occurred on the SE, DATE SIGNED
OTHER SIGN TO THE D DISEASE OR 19A. DATE OF OR CONTRIBUTION OF INJURY (APPROX.)  21. L certify that (i) (we) ond hour on 23A. SIGNATU (23C. PHYSICIA NAME (1)	DEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PERF  NT WAS UNDERLYING UTING CAUSE OF (medicol exominer)  (Month) (Doy) (Yeor)  Thot (I) (this hospital ) last sow the deceose d from the causes stot URE  TAKES B. A  AN'S Type) ABRAHAM B.	TED TO THE TO TH	NJURY OCCURRED  At Not What Word  At M.D. At	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY  19 6 and that view the body after deoth.  123D. ADDRESS  7501 Leberty	IN CERTIFYING CAUSE  (If in Boltimore C  DRY OCCUR?  to (my) (our) apinio  Stoff (phys. )	ity, give exact location)  19 66 In death occurred on the Oct, 18, 1966  Limone, My.
OTHER SIGN TO THE D DISEASE OR 19A. DATE OF OR CONTRIBUTION OF INJURY (APPROX.)  21. L certify that (i) (we) ond hour on 23A. SIGNATU (23C. PHYSICIA NAME (1)	DEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PERF  NT WAS UNDERLYING UTING CAUSE OF Medical examiner)  (Month) (Doy) (Year)  Thot (I) (this hospital ) last sow the decease d fram the causes stat  JRE TARSABRAHAM B.  EMATION, 1248. DATE	TED TO THE TO TH	NJURY OCCURRED  At Not What Word  At Word  At Word  (We) (did) (did not)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY  19 6 and that view the body after deoth.  123D. ADDRESS  7501 Leberty	IN CERTIFYING CAUSE  (If in Boltimore C  URY OCCUR?  To it in(my) (our) apinio  Stoff Phys	ity, give exact location)  19 66  In death occurred on the SE, DATE SIGNED
OTHER SIGN TO THE D DISEASE OR 19 A. DATE OF OR CONTRIBUTED OF INJURY (APPROX.)  21. I certify that (I) (we) and hour on 23A. SIGNATU 23C. PHYSICIA NAME (I) (We) CONTRIBUTED OF INJURY (APPROX.)	DEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PERF  NT WAS UNDERLYING UTING CAUSE OF Medical examiner)  (Month) (Doy) (Year)  That (1) (this haspital ) last sow the decease d from the causes stat  JRE TARS Type) ABRAHAM B.  MATION, 248. DATE Specify)	OTTED TO THE TO	NJURY OCCURRED  At Not What Word  At M.D. At	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  19 66 and that view the body after deoth.  19 75 0 / Lebesty  REMATORY 24D. LC	IN CERTIFYING CAUSE  (If in Boltimore C  DRY OCCUR?  to (my) (our) apinio  Stoff (phys. )	ity, give exact location)  19 66  In death occurred on the Oct. 18, 1966  Limoni, Nel.

VS 150-REV. 1/1/65

Legrand & Ruck Inc Baltimore, Md.



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BALTIMORE	CITY	HEATTH.	DEDA	DTAJENIT

DALIMONE CITT	ILALITI DEI AKTMENT	00	4 () = 1
MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH Registered No.	103

66 10553 BALTIMORE CITY HEAD	LTH DEPARTMENT 66 10553
BIRTH NO. 6-15035 MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No. 66 10553
THE OASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
THOMAS , RUSSELL, JAA	October 19, 1966   8:00 A M.  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)  B. COUNTY  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (II outside corporate limits, write RURAL and give township)  Baltimore  2/235
850 Glade Court	D. STREET ADDRESS (II rurol, give locotion)  850 Glade Court
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   II Under 1 Yr. If Under 24 Hrs.
Male White WIDOWED, DIVORCED (specify)	Tuly 18-1966 lost birthdoys. Months, Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTR'	Y11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even it retired)  THEOMI  13. FATHER'S NAME	BALTINORE MADEN NAME  WHAT COUNTRY?  US 12
THOMAS L. RUSSELL, JR.	Jession, Reese
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT PARENTS - ADDRESS 50 mg
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	1-144 4 1/13 - 20 - 20 - 20 - 20 - 20 - 20 - 20 - 2
	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH  (This does not mean the mode of dying e.g., heart foliure, osthenio, etc. It means the discose,	titial Pneumonitis (SDII)
injury or complication which coused death.)	
ANTECENDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
O THER SIGNIFICANT CONDITIONS CONTRIBUTING	I SHOW THE RESIDENCE OF THE PARTY OF THE PAR
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
DISEASE OR CONDITION CAUSING IT.  199A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes    20A. AUTOPSY? (Yes of No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
21A, EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (III in Boltimore City, give exect location) office bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.)  WHILE AT NOT WORK AT W	WHILE ORK
22. I certify that I held on Inquiry Inspection Au	topsy and that on this bosis, death In my opinian
resulted from: Notural couses X Accident Suicid	Homicide Undetermined manner
ACTUAL NOTO PLANE	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D	ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) Rudiger Breitenecker	ASSOCIATE MEDICAL EXAMINER 10/19/66
REMOVAL (Specify)  Oct 21-186 headow Rit	Stote)  OF CEMATORY  23D. LOCATION (City, town, or county)  (Stote)
24A, DATE REC'D BY HEALTH DEPT.   24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOCURTIS F FVANCODRESS
007 20 1985 R Q & E. Farkey M. R.	Dinter 1400 S. Cha 9484 - 2/230
11 1 10 1000 Marian 1 1 1 1 1	20 500//

Figure 1 to treatment 1 27 to Market 2 TO SEE TO COMPANY OF THE PARTY CURTIS E EVANS

CC 10554	BALTIMORE CITY	HEALTH DEPARTMENT		66 10554
BIRTH NO. 66 10554	CERTIFICA	TE OF DEATH	Registered Na	00 10004
M.E. CASE NO.  1. NAME OF DECEASED	4-11	2. DATE ANI	D HOUR OF DEATH	
(Type or Print) MAHLEN	1 V. HOLL	MS Tues	Oct. 18, 1;	966 10:30 8,
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	deceased lived. If insti	itution: residence before admission
FULL NAME OF (If not in hospital or institut HOSPITAL OR address or location) INSTITUTION	ian, give street			RAL and give tawnship)
100 W. BUAN	40 TT-57	D. STREET ADDRESS (If I	tion of (	
00'		1 /	BURNEX	
	RIED, NEVER MARRIED DWED, DIVORCED (specify)  A A A A C  D OF BUSINESS OR INDUSTRY	B. DATE OF BIRTH  Sept 15-1898  11. BIRTHPLACE (State or foreign	68	If Under 1 Yr. If Under 24 Hr Months Days Hours Min.
lage during most of working life, even if retired)	ity OF	Bottimes		WHAT COUNTRY?
3. FATHER'S NAME	70 -9/110.4	14. MOTHER'S MAIDEN NAM	AE	
WiLLIAM HOLLI	NS	Jeane He	DAM	ADDRESS SAM
5. Was Deceased Ever in U. S. Armed Farces? Yes, na ar unknown! (If yes, give wor ar dates of serv	16. SOCIAL SECURITY NO.	ANN F. HOL	1-LINS- (	ADDRESS SAM
18. 420, 11	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Co	ronau bree	usin	2
(This does not meon the mode of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused death,)		1 8 0 1	Λ	mony
ANTECEDENT CAUSES	(B) U1	thurs deret	E Dogose	- reass
DISEASES OR CONDITIONS, if ony, gi	DUE TO			
rise to the obove couse (A) stoling UNDERLYING CONDITION tost.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		one Wight	\s	Jean
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar Na)	208, IF YES, WERE FIN	NDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in hame, form, foctory, street, at etc.)	n ar about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore (	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Haur)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	While At Nat While Wark At Work	e 🗌	10 0	//
22. I certify that (I) (this haspital) attend	led the deceased from A	us 10 1	66 in 100	t 18 104
that (I) (we) last saw the deceased alive		# 1066 and also	A la (mu) (mus) anini	an death accurred an the do
2	. ,		ir in (my) (dor) apini	on death accurred an the a
and have and from the causes stated above	/e. (1) ( <del>we</del> ) (did) ( <del>dia-mot</del> ) v	riew the bady atter death.	1,	23 B. DATE SIGNED
alteret	hr M.D. Atte		Staff Phys.	10/19/66
23 C. PHYSICIAN'S NAME (Type)	CH+ M.D.	23D. ADDRESS 6 2-E A	ORTA,	Æ
24A. BURIAL CREMATION, 24B. DATE 507 24	IC. NAME OF CEMETERY OF CRI	MATORY 24D. LC	Le Ny BURK	town, or gounty) (State)
	ME OF REGISTRAR	25G FUNERAL DIRECTOR	CURTIS E.	EVANS
OCT 20 1966 R.C.	NOCE, SOURCEMATO	Jan Borg	14000,000	1205 57, 2/23
VS 150-REV. 1/1/65			77 7	7 7

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CLANS E BILLIO

V\$ 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

the second of the second second second Cartillar William Co. Cartillar Co.

BIRTH NO.	66 10557	7		TE OF DEATH	Registered Na.	66 10557
M.E. CASE NO	Committee Commit		CERTIFICA		ND HOUR OF DEATH	4
Type or Print)	Sadie L.I	لا ام				
PLACE OF	DEATH IN BALTIMORE, M.			4. USUAL RESIDENCE (Who	ber 19,1960 ere deceased lived. If NTY	6 Anistitution: residence before admission
FULL NAME HOSPITAL O	R oddress or locotic	l or institution, on)	, give street	Maryland c. CITY OR TOWN (If ou	Baltimore	RURAL and give hwyship)
20 но	OD NURSING	HOME		Baltimore D. STREET ADDRESS (IF	rurol, give locotian)	20-01
	02 1101101110	1101111		526 N. Monro	Street	
Female	6. RACE White		D, NEVER MARRIED ED, DIVORCED (specify)	8. DATE OF BIRTH 12-3-1881	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 His Months Doys Hours Min.
OA. USUAL OC	CUPATION (Give kind of wo	rk 10B. KIND C		11. BIRTHPLACE (State or fore		12. CITIZEN OF
	of working life, even if retired)					WHAT COUNTRY?
At Ho				Baltimore	***	
3. FATHER'S N	AME			14. MOTHER'S MAIDEN NA	WE	
Henry (	llay Travers			Mary Rach	ael Wall	
5. Was Deceo	Clay Travers	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	wn) (If yes, give wor or do	ies of service)		0111 =		
NO			NONE CAUSE O	Ollie Travers	516 Wilton	n Road INTERVAL BETWEEN
1B.	22,		CAUSE O	PUEATH		ONSET AND DEATH
DISE	ASE OR CONDITION D LEADING TO DEATH		R	1/0		19-01
(This does	s nat mean the made a		(A)	· U24 -		1004
heart failu	re, asthenia, etc. It mean	s the disease	в.	, (		
injuly at a	amplication which cause	d death.)	(B)	5000		
	ANTECEDENT CAUSE	S	DUE TO		0 == 0 = 0 = = = = 1 0 = = = = 0 = = 0 = 0	**************************************
DISEASES	OR CONDITIONS, if	any, givin	g			
	the above cause (A)	slaling Ih	e (C)			
UNDERLI						
E TO THE	II  GNIFICANT CONDITIONS  DEATH BUT NOT REL  DR CONDITION CAUSING	ATED TO T	NG THE			G. C.
	OF OPERATION 198. CO		WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTR	DENT WAS UNDERLYING IBUTING CAUSE OF	ho	B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of c.)	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltime	ore City, give exact location)
0 21 D. TIME	(Month) (Doy) (Year	) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
S OF INJURY			/hile At Not Whil	e —		
(APPROX)		W	/ork At Work			
22. I cert	ify that (1) (this hospite	al) attended	the deceased from 6	15-62	19 to 10	-14-66 19
that (1) (w	ve) last saw the deceas	sed alive an	10-18-6	6 19 and th	hat in (my) (aur) as	pinian death accurred an the da
		ated abave.	(1) (We) (did) (dld nat) v	riew the bady after death.		
23A. SIGN	TURE	. /			/	23B. DATE SIGNED
XC	celles / VS	town	M.D. Affe	ending Med. Director	Stoff Phy s.	10-20-66
23C. PYSIC	CIAN'S (Type)		M.D.	23D. ADDRESS YOR	o ville	- 28
24A. BURIAL C	REMATION, 248. DATE L (Specify)	24C.	NAME of CEMETERY OF CRI			City, town, or county) (State)
Burial	10-21	-66 W	oodlawn Ceme	etery Ra	ltimore Ma	aryland
	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	tery Ba	R	ADDRESS
	a.c	1 -0 -	10 4 8 D	- FORVE MEN (d	46	00 Liberty Hghts.
45 150 B514 1	<b>MRT 20 1966</b>	(1) O 6	Z Colored	- Indiana Co	process and	, 5



hospital

death

IMPORTANT

DIRECTOR:

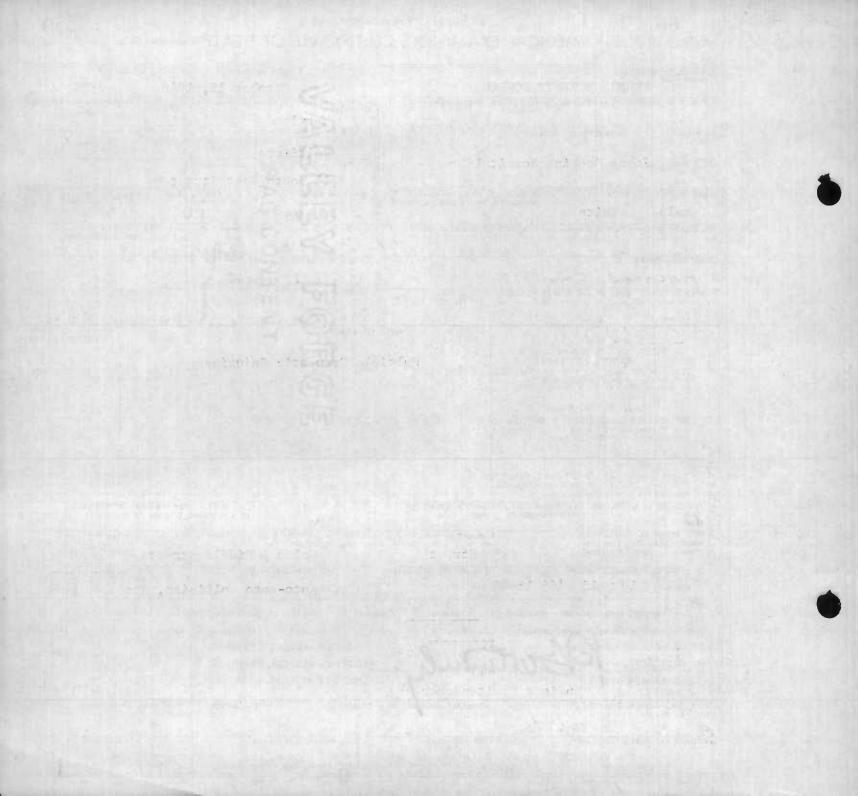
FUNERAL

chief medical

by

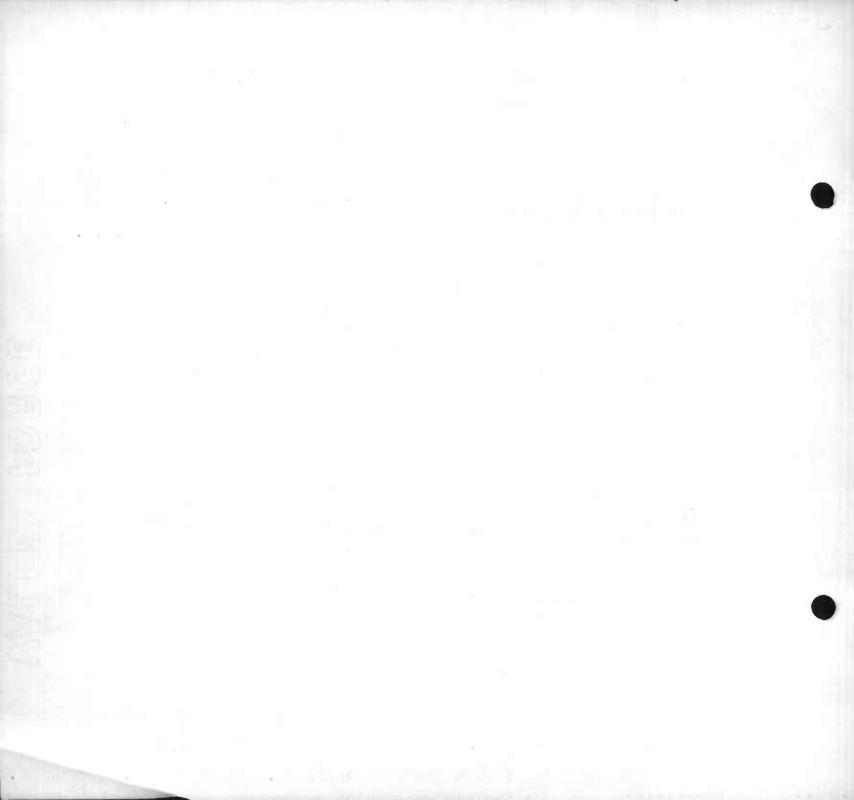


1. NAME OF DEC	CEACED				DATE AND W	OUR PRONOUNC	ED DEAD		
(Type or Print) B	BRENDA BENNET	T FOWLER		2		15, 1966		3:38 A	
	TIMORE, MARYLAND, V		D DEAD	4. USUAL RESIDEN	ICE(Where dece	eased lived. If inst	titution: resi	idence before admis	ion)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITUTION	, GIVE STREET	Mary C. CITY OR TOWN	l and I (If autside coi				
33 J	Johns Hopkins	Hospital		D. STREET ADDRES	imore s (If rural, give outh Eas	AVE			
s. sex Female	6. RACE White	7. MARRIED, NEVI WIDO WED, DIVOI Sep.	RCED(specify)	12-30-4	15	9. AGE (In years last birthday) 2D	Months	Doys Hours M	
	WPATION (Give kind of wo working life, even if retired)			D	0. 1	untry) 1 d.	12. CITIZ WHA	TEN OF AT COUNTRY?	
ANTH	P	NETT		Vicainia	11_	-15			
15. WAS DECEASE	ED EVER IN U.S. ARME		OCIAL ECURITY NO.	17. INFORMANT	NACTT	(Father	ADDRES	s S E as	+ A.
DISEA	ASE OR CONDITION D LEADING TO DEAT nat mean the made of	TH		OF DEATH				INTERVAL BETWE ONSET AND DEA	
DISEASES RISE TO TH UNDERLYII	ANTECENDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST.  II GNIFICANT CONDITION: DEATH BUT NOT R	SES ANY, GIVING STATING THE . S CONTRIBUTING	(B)						
E DISEASE O	F OPERATION 198, CO		CH OPERATION	20A. AUTOPSY?		IF YES, WERE FI			
	AL CAUSE WAS  SOR CONTRIB- USE OF DEATH.	hame, fan	ce of injury (e.g., m, factory, street, creet	in ar about 21C, Whalfice bldg., INJURY	CCUR?	Baltimare City, gi		lacation)	
UTING CAU								passenger	
UNDERLYING UTING CAU  21 D TIME OF INJURY (APPROX.)	(Month) (Day) (Ye 10 15 6		NJURY OCCURRED  E AT NOT AT W	21F. HO	to-auto	occur? collision		eased was	
UNDERLYING UTING CAU  21D TIME OF INJURY (APPROX.)  22. I cer	10 15 6	6 1:40A WHILE WORK	spection X Au	verification of the Chief Me	to-auto on this bear Under	collision osis, death in setermIned monn INER	, dece		<b>D</b>
Uning Cau Uning Cau  21D Time OF INJURY (APPROX.)  22.  I cer	10 15 60  rtify that I held on lited from: Notural control  Notural control  NER'S (Type) Rudi	6 1:40A WHILE WORK Inquiry Insource Accid	spection X Au  dent X Suicid	AU  topsy ond  Homicide  CHIEF ME  ASSISTANT ME  ASSOCIATE ME	the on this both on the b	collision osis, death in retermined monn INER [] INER [X] INER []	, dece	DATE SIGNE	



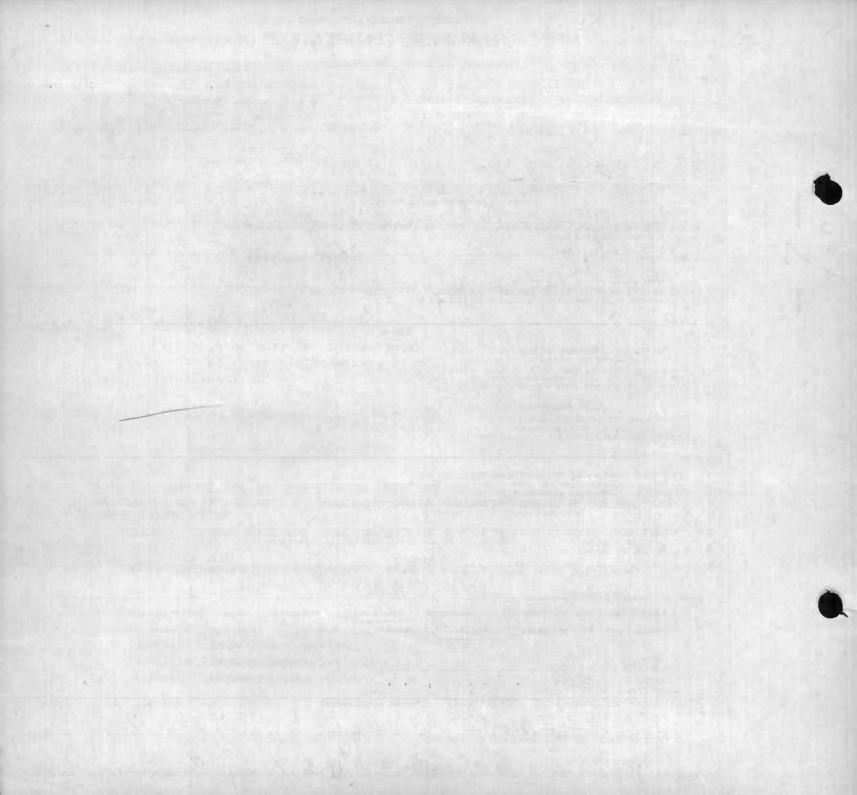
FUNERAL DIRECTOR: IMPORTANT

	66 10	BALTIMO	RE CITY HEALTH DEPARTMENT		66 10560
BIRTH NO.		CERTIF	FICATE OF DEATH	Registered No.	00 10000
M.E. CASE NO.			2. DATE AN	D HOUR OF DEATH	
(Type or Print)	Lucy Jon	nes		. 18, 1966	1
3. PLACE OF D	DEATH IN BALTIMORE, MAR		4. USUAL RESIDENCE (Whe	re deceased lived. If institu	ution: residence before admissio
			A. STATE B. COUN	ITY	
FULL NAME		r institution, give street	Maryland		
INSTITUTION				tside city limits, write PUR	L and give township?
			Baltimore	/	7
001	913 McCulloh	Street	D. STREET ADDRESS (If	rurol, give location)	**
			1913 McCull	oh Street	
- SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spe	B. DATE OF BIRTH		f Under 1 Yr. If Under 24 Hr
Female	Negro	Widowed	2-14-92	279.3	Nonths Doys Hours Min.
	CUPATION (Give kind of work)	IOB. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLA CE (Stote or fore	qn country)	2. CITIZEN OF
one during most	of working life, even if retired)				WHAT COUNTRY?
			Virginia		U.S.A.
3. FATHER'S N			14. MOTHER'S MAIDEN NA	ME	
	David Smith	h			
5. Was Deceas	ed Ever in U. S. Armed Force	es? 1 6. SOCIAL	17. INFORMANT		ADDRESS
res, no or unkno	wn) (If yes, give wor or dates	of service) SECURITY NO			
No			Helen Campbe	ell 1913 Mc	Culloh Street
18. 44 -	20.11	CA	AUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIRE	ECTLY		_	ONSET AND DEATH
	LEADING TO DEATH	(A)	Myocaracal I	m facetion	6/110
	not mean the mode of e, asthenia, etc. It means	dying, e.g., DUE	TO /		
	omplication which caused	deoth.)	Myocardial I	1. 21	0
	ANTECEDENT CAUSES	1967	yporlan frile Carol	60 193000g	3 Ne
DISFASES	OR CONDITIONS, if o	DUE	12 /2 rz	en-	
rise la	the above couse (A)				
UNDERLYI	NG CONDITION last.			***************************************	
	ll l	11			
OTHER SIG	INIFICANT CONDITIONS CO				
DISEASE	DEATH BUT NOT RELATED RECONDITION CAUSING IT.				
OTHER SIGN TO THE DISEASE OF T	OF OPERATION 198. COND	THON FOR WHICH OPERATIO	N 20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	DINGS CONSIDERED
	WAS TERIS	J KIVILO		IN CERTIFIED CAUSE	3 OF DEATH:
OR CONTR	DENT WAS UNDERLYING THE	21 B. PLACE OF INJUS	RY (e.g., in or obout 21 C. WHERE DID street, office bldg., INJURY OCCUR?	(If in Boltimore C	ty, give exact location)
▼ DEATH (no	tify medical examiner	etc.)	sireet, office blag., INJORI OCCOR:		
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E INJURY OCCUR	RED 21F. HOW DID INJ	HBY OCCUP?	
S OF INJURI	(**************************************		Not While	OKI OCCOK:	
(APPROX)			At Work		
22. I certi	fy that (1) (this hospital)	ottended the deceased fro	m (3 abla 15	1963 to (19 00	CM 18 185
	e) lost sow the deceased				n death occurred an the de
		0-0-1-1		or in (my) (our) opinio	n death occurred an the de
		ed above. (I) (We) (did) (did	d not) view the body ofter deoth.		
23A SIGNA	TURE				B, DATE SIGNED
4 Det	nanote de	illian M.	D. Attending Med. Director	Stoff Phys.	10/2016
23C. PHYSIC	CIANS	act for	23D. ADDRESS		
NAME	To	DI 1111 12	M.D. 540 MB MIN -1	a- B -1	100
J. C	nank 112	TM111505	2 /8 /10 /10 Can	1 1 Geren	17 Mag
REMOVAL	L (Specify)	24C. NAME of CEMETER	Y OF CREMATORY 24D. L	OCATION (City,	lown, or county) (Stote)
Buria	1 10-22-	66 Mt. Aubur	n Cemetery Ba	altimore, L	arvland
SA. DATE REC	The state of the s	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	L OTHER P	ADDRESS
	OGT 20 1966	DOD BY Q FAID	Y		M Collans C
/S 150-REV. 1/	*	The same	George, G. J	Aelson 1348	N. Calloun S
va IDU≐KEV. I/	1/03				



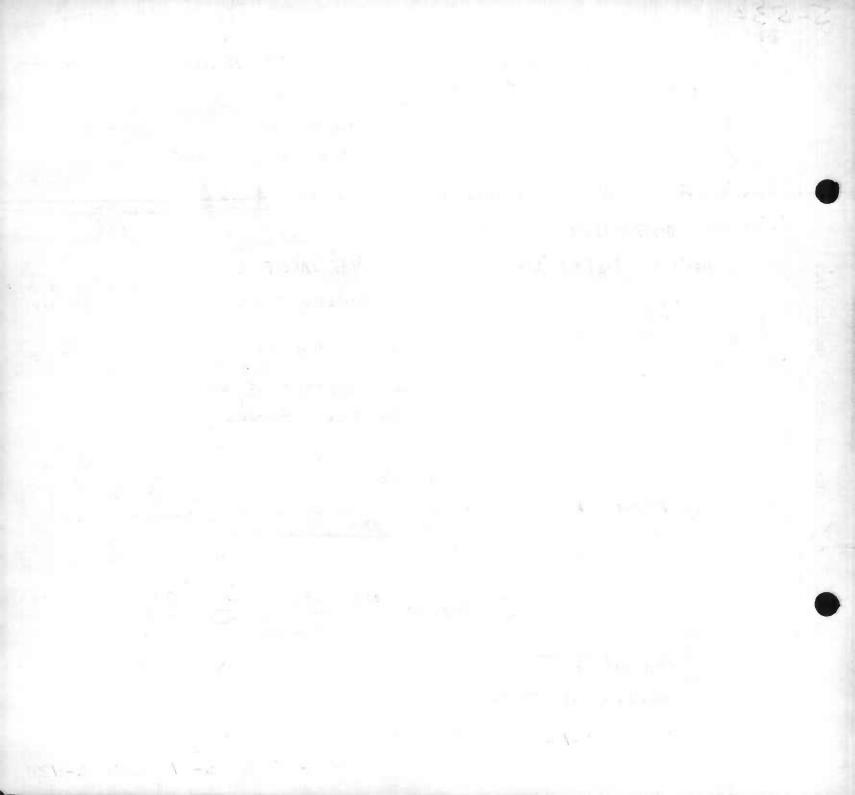
	150	4 7		pr .
istered	A. A.	7.4	100	61
	6313	3 5	1. 1	13.1
haratzır				

D-213	BIRTH NO. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered 6.6 10561
0 000	M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
	(Type or Print) MABEL DE COURSEY	October 16, 1966 9:05 P.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore
	Johns Hopkins Hospital	D. STREET ADDRESS (If rurol, give location)
	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	2838 Winchester Street    8. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.)
	Female Negro WIDOWED, DIVORCED (specify)	May 29, 1897 69 Months Doys Hours Min.
	done dward most of working life, even if retired)  13. FATHER'S NAME	14. MOZHER S MAIDEN NAME A
	Henry te Coursey	Eliza Eslap
	15. WAS DECEASED EVER U.S. ARMED FORCES? (Yes, no or whinown) (If yes, give wor or dotes of service)  SECURITY NO.	Louise Littlejohn - 2838 Winderster St
	DISEASE OR CONDITION DIRECTLY Hyper	e OF DEATH tensive and arteriosclerotic  INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH  (This does not meen the mode of dying, e.g., head foilure, osthenio, etc. II means the disease, injury or complication which coused death.)	ovascular disease with myocardial insufficiency
	ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	Z (C)	
		al hemorrhage old and recent (circa 10-15 days)
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes Yes or No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	UNDERLYING OR CONTRIB-	in or obout 21C, WHERE DID (If in Boltimore City, give exact lacotion) office bldg., (NJURY OCCUR?
	21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED (APPROX.)	21F. HOW DID INJURY OCCUR?
	Unknown m. Work L AT V	WORK UITRITOWII
	resulted from: Natural couses Accident X Suici	de Homicide Undetermined manner
	ACTUAL Churches S. S. J. M.	CHIEF MEDICAL EXAMINER DATE SIGNED  D. ASSISTANT MEDICAL EXAMINERXX
	EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER October 17, 1966
	23A. BURIAL CREMATION, 23B-DATE 23C. NAME of CEMETERY BUYER OUT 201966 CONVEY NO.	norsature Course, Mc
	DCT 20 1966 R B. F. S. Talbum	24C, FUNERAL DIRECTOR ADDRESS  ADDRESS  ADDRESS
	VS 151-REV. 1/1/65	Mygy Migran 2160 Millings



VS 150-REV. 1/1/65

	66 10562	BALTIMORE CIT		Registered Na.	66 10569
BIRTH NO. M.E. CASE NO.		CERTIFICA	ATE OF DEATH		00 1000
Type or Print)	2 1	113		ND HOUR OF DEATH	( 11.15 DM
PLACE OF DEA	TH IN BALTIMORE MAR	Warns	4. USUAL RESIDENCE (WI	tober 15,1900 ere deceased lived. If in	5 4:15 P.M. stitution: residence before admissi-
. TEACE OF DEA	III III DALIIMONG MAN		A. STATE B. COU	NTY	2
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital a address or tacotion)	r institution, give street	0 . 6		RURAL and give township)
1/2	Cinci	Hosp of Ba	D. STREET ADDRESS	f rurol, give location)	isterstaus
42		1	Neel	Third.	Ac
m	6. RACE	MARRIED NEVER MARRIED WIDOWED, DIVORCED (specify)	7-15-12	9. AGE (In years last birthday)	If Under 1 Yr, If Under 24 H Manths Days Hours Min.
	PATION (Give kind of work) vorking tite, even if retired)	10B. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Real Esta		Self-Employed	md		USA
13. FATHER'S NAM		ts	14. MOTHER'S MAIDEN N	AME	
11			Barbara f	Inna Guckert	
5. Was Deceased	Warns  Ever in U. S. Armed Force (If yes, give war ar dates	es? 16. SOCIAL	17. INFORMANT	-	ADDRESS
(Yes, no ar unknawn) Yes	(If yes, give war or dates	avu 216-01-4480	Many A Warn	S-Neel & 3rd	Ave. Reisterstou
18. 19.3	WWII - 110		OF DEATH	7	INTERVAL BETWEEN
	E OR CONDITION DIRE	ECTLY			ONSET AND DEATH
	LEADING TO DEATH	(A) C	glio blaston	10 mu/x	1 x cmp
	of mean the mode of osthenia, etc. It means	a) mg,	Jan Jan II. na Gwele a n Gwedd La Dell Ceiniddau a chan Deell an dllae da	hatten de la birtha a feartai	
	plication which caused				
A	ANTECEDENT CAUSES	(B)	ga a a ag g a ser ser a a a a a a a a a a a a a a a a a a a		
	R CONDITIONS, if o	ony, giving			
	condition last.	sloling the (C)			
	11			-	
OTHER SIGNI	FICANT CONDITIONS CO				
TO THE DI	EATH BUT NOT RELATE CONDITION CAUSING IT	ī			
OTHER SIGNII TO THE DI DISEASE OR 19A. DATE OF	OPERATION 198. CONE 2/66 WAS PERF	ormed which operation to	in the more	10 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	IT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g. hame, farm, foctory, street,	, in or about 21 C. WHERE DID	(If in Baltimare	e City, give exact location)
OR CONTRIBU	TING CAUSE OF medical examiner	etc.)	affice bldg., INJURY OCCUR?		
OR CONTRIBU	ITING CAUSE OF	(Haur) 21E. INJURY OCCURRED	21F. HOW DID II	JURY OCCUR?	
OR CONTRIBU	medical examiner	(Haur) 21E. INJURY OCCURRED  While At Not W	21F. HOW DID II	JURY OCCUR?	
OR CONTRIBUTION DEATH (notify)  21D. TIME OF INJURY (APPROX.)	TING CAUSE OF medical examiner!  (Month) (Day) (Year)	(Hour) 21E, INJURY OCCURRED  While At Not Work At Wo	21F. HOW DID II		10
OR CONTRIBU DEATH (natify) 21 D. TIME OF INJURY (APPROX.) 22. I certify	medical examiner)  (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRED  While At Not Work  Not Work  Not wo	hile 21F. HOW DID II	19ta	
OR CONTRIBUTED DEATH (notify)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (1) (we)	medical examiner)  (Month) (Day) (Year)  that (1) (this hospital)  lost sow the deceased	(Hour) 21E. INJURY OCCURRED  While A1 Not Work  Notended the deceased fram  d olive an 10 -15 6 6	21F. HOW DID II	19tatathat in(my) (our) opi	
OR CONTRIBUTED DEATH (natify)  21D. TIME OF INJURY (APPROX.)  22. I certify that (1) (we) and haur and	that (1) (this hospital)  to the decease of the transfer of transf	(Hour) 21E. INJURY OCCURRED  While At Not Work  Not Work  Not wo	21F. HOW DID II	19tatathat in(my) (our) opi	nian death accurred an the c
OR CONTRIBUTED DEATH (notify)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (1) (we)	that (1) (this hospital)  to the decease of the transfer of transf	(Hour) 21E. INJURY OCCURRED  While At Not Work  Ottended the deceased fram  d olive an 10 15 6 6  ed abave. (1) (We) (did) (did nat)	21F. HOW DID II	19tatathat in(my) (our) opi	
OR CONTRIBUTED DEATH (natify)  21D. TIME OF INJURY (APPROX.)  22. I certify that (1) (we) and haur and	TING CAUSE OF medical examiner!  (Month) (Day) (Year)  that (I)(this hospital)  lost sow the deceased  fram the causes state  RE  (NS)	(Hour) 21E. INJURY OCCURRED  While At Not Work  Ottended the deceased fram  d olive an 10 15 6 6  ed abave. (1) (We) (did) (did nat)	21F. HOW DID II hile	that in(my) (our) opi	nian death accurred an the c
OR CONTRIBUDEATH (notify) DEATH (notify) 21D. TIME OF INJURY (APPROX.)  22. I certify that (1) (we) and haur and 23A. SIGNATU  23C. PHYSICIA NAME (T)	that (1)(this hospitol) lost sow the deceosed from the causes state  RE  MATION,  248, DATE	(Hour) 21E. INJURY OCCURRED  While At Not Work  Ottended the deceased fram  d olive an 10-15-66  ed abave. (1) (We) (did) (did nat)	21F. HOW DID II  hite	that in(my) (our) opi	nian death accurred an the c
OR CONTRIBUDEATH (natify)  21D. TIME 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and haur and 23A. SIGNATU  23C. PHYSICIA NAME (T)	that (1)(this hospitol) lost sow the deceosed from the causes state  RE  MATION,  248, DATE	(Hour) 21E, INJURY OCCURRED  While At Not Work  Ottended the deceased from  d olive an 10 - 5 6 6  ed abave. (1) (We) (did) (did nat)	21F. HOW DID II hile	that in(my) (our) opi	238, DATE SIGNED



	E CASE NO.	EASED	BALTIMORE CIT CERTIFICA		D HOUR OF DEATH	03111
	pe or Print)		GIRL Lethea Barksdale	Octo	ber 8, 1966	1:30 A.
3. 1	PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (When	e deceased lived. If ins	litution: residence before admission)
	FULL NAME O	F (If not in hospital oddress or location	or institution, give street	Maryland	-1414-11-1414	18AL
	INSTITUTION	Provident		Baltimore.	side city limits, write Ki	JRAL ondigive townshipl
	29		sion Street	D. STREET ADDRESS (IF	urol, give location)	16
	9/	Baltimore	, Maryland 21217	4138 Mt. Wood	Road	
5. \$	SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	111111	O. AGE (In years ost birthdoy)	Months Doys Hours Min.
0À	Female	Negro	10B. KIND OF BUSINESS OR INDUSTR	8ct. 8. 1966 Y 11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF
don	ne during most of v	working life, even if retired)		Maryland		U.S.A.
3.	FATHER'S NAM	AE		14. MOTHER'S MAIDEN NAM	ΛE	
	Howard H	Barksdale		Lethea Jordon		
5. Ye	Was Deceosed s, no or unknown	Ever in U. S. Armed For	ces? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	18. 7 6 2			OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION DIE	RECTLY	ATELECTAS	SIS NEON	30 MINS
	(This does n	ol mean the mode of	dying, e.g., DUE TO			
		osthenia, etc. 11 means plication which caused				
	1	ANTECEDENT CAUSES	DUE TO			
		R CONDITIONS, if		PREMATUR	TY	
		G CONDITION last.	310111g 1110			
ATION	TO THE D	FICANT CONDITIONS CEATH BUT NOT RELACED	ATED TO THE			
5	BISCHSE OR		DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208 IF YES WERE EL	NAME OF THE OWNER OWNER OF THE OWNER
	19A. DATE OF	OPERATION 198. CON	FORMED		IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
CERTIFICAT	21 A. A CCIDEN	WAS PER	21B. PLACE OF INJURY (e.g.,	yes	IN CERTIFYING CAU	SES OF DEATH?  City, give exact location
AL CERTIFIC	21 A. A CCIDEN OR CONTRIBU	WAS PER	21B. PLACE OF INJURY (e.g.,	yes	IN CERTIFYING CAU	SES OF DEATH?
ERTIFIC	21 A. ACCIDEN OR CONTRIBU DEATH (notify	WAS PERIOR TO THE PERIOR TO TH	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	yes	(If in Boltimore	SES OF DEATH?
CAL CERTIFIC	21A. A CCIDEN OR CONTRIBU DEATH (notify	WAS UNDERLYING TING CAUSE OF medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	SES OF DEATH?
CAL CERTIFIC	21A.A.C. CIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.)	WAS PERIOR TO THE PERIOR TO TH	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)     (Houri   21E. INJURY OCCURRED     While At   Not Why Work   At Work   At Work	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	SES OF DEATH?  City, give exoct locofion!
CAL CERTIFIC	21 A. A CCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify	WAS PERIOR WAS UNDERLYING CAUSE OF medicol exominer)  (Month) (Doy) (Yeor)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hourl 21E. INJURY OCCURRED  While At Not Wh	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	SES OF DEATH?  City, give exoct locohon!
CAL CERTIFIC	21 A. A CCIDEN OR CONTRIBU DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	WAS PERIOR WAS UNDERLYING CAUSE OF medical examiner)  (Month) (Doy) (Year)  that (I) (this haspital last saw the decease	21B. PLACE OF INJURY (e.g., home, farm, foctory, street, etc.)  (Houri 21E. INJURY OCCURRED  While At Not Whork At Work	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY D	(If in Boltimore	SES OF DEATH?  City, give exoct locofion!
CAL CERTIFIC	21 A. A CCIDEN OR CONTRIBU DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	was PERINT WAS UNDERLYING CAUSE OF medicol exominer)  (Month) (Doy) (Year)  that (I) (this haspital last saw the deceased from the causes star	218. PLACE OF INJURY (e.g., home, farm, foctory, street, etc.)  (Houri 21E. INJURY OCCURRED  While At Not Whork  Not Whork  I) attended the deceased fram  ed alive an October 8,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY  Dctober 8, 1966 and the view the bady after death.	IN CERTIFYING CAU  (If in Boltimore  URY OCCUR?  9	ses of death?  City, give exoct locofion!
CAL CERTIFIC	21 A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROXI 22. I certify that (I) (we) and haur and 23A. SIGNATU	was PERINT WAS UNDERLYING CAUSE OF medicol exominer)  (Month) (Doy) (Yeor)  that (I) (this haspital last saw the deceased from the causes started)	218. PLACE OF INJURY (e.g., home, farm, foctory, street, etc.!  (Houri 21E. INJURY OCCURRED  While At Not Whom At Word  I) attended the deceased fram  ed alive an October 8, and above. (I) (We) (did) (did nat)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 66 and the view the bady after death.	URY OCCUR?  9	SES OF DEATH?  City, give exact locofion!  Der 8, 19 66.  Ian death accurred an the dat
MEDICAL CERTIFIC	21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T	was PERINT WAS UNDERLYING CAUSE OF medicol exominer)  (Month) (Doy) (Yeor)  that (I) (this haspital last saw the decease of from the causes started to the cause of the cause	218, PLACE OF INJURY (e.g., home, farm, foctory, street, etc.]  (Hour) 21E. INJURY OCCURRED  While At Not Wh Work At Work  1) attended the deceased fram  ed alive an October 8, and abave. (I) (We) (did) (did nat)  Ph  Ey Saunders  M.D.	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY  Dotober 8, 1966 and the view the bady after death.  Ittending Med. Director Director Director Street	IN CERTIFYING CAU  (If in Boltimore  JRY OCCUR?  9	SES OF DEATH?  City, give exact location  Der 8, 19 66.  Ian death accurred an the dat
MEDICAL CERTIFIC	21 A. A CCIDEN OR CONTRIBU DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU	was PERINT WAS UNDERLYING CAUSE OF medicol exominer)  (Month) (Doy) (Yeor)  that (I) (this haspital last saw the decease of from the causes start the cause start the causes sta	218. PLACE OF INJURY (e.g., home, farm, foctory, street, etc.)  (Houri 21E. INJURY OCCURRED  While At Not Why Work  Not Why Work  At Work  ad alive an October 8,  and abave. (I) (We) (did) (did nat)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY  Dotober 8, 1966 and the view the bady after death.  Ittending Med. Director Director Director Street	(If in Boltimore  URY OCCUR?  9	SES OF DEATH?  City, give exoct locohon!  Der 8, 19 66  Ian death accurred an the dat  238 DATE SIGNED  October 17, 1966  Maryland, 21217
MEDICAL CERTIFIC	21 A. ACCIDEN OR CONTRIBUDEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T	was PERINT WAS UNDERLYING CAUSE OF medicol exominer)  (Month) (Doy) (Yeor)  that (I) (this haspital last saw the deceased from the causes start from the cause start from the ca	218. PLACE OF INJURY (e.g., home, farm, foctory, street, etc.!  (Houri 21E. INJURY OCCURRED  While At Not Whom At Work  I) attended the deceased fram  ed alive an October 8, and dabave. (I) (We) (did) (did nat)  A Decy Saunders  ALL  ALL  ALL  ALL  ALL  ALL  ALL  A	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 66 and the view the bady after death.  19 66 and the view the bady after death.  123D. ADDRESS  1514 Division S  REMATORY 240: 10	IN CERTIFYING CAU  (If in Boltimore  JRY OCCUR?  9	city, give exect locohons  ber 8, 19 66  Ian death accurred an the date  238 DATE SIGNED  October 17, 1966  Maryland, 21217  August 21217  Aug
MEDICAL CERTIFIC	21 A. ACCIDEN OR CONTRIBUDEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T	was PERINT WAS UNDERLYING CAUSE OF medicol exominer)  (Month) (Doy) (Yeor)  that (I) (this haspital last saw the decease of from the causes start the cause start the causes sta	218, PLACE OF INJURY (e.g., home, farm, foctory, street, etc.]  (Hour) 21E. INJURY OCCURRED  While At Not Wh Work At Work  1) attended the deceased fram  ed alive an October 8, and abave. (I) (We) (did) (did nat)  Ph  Ey Saunders  M.D.	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY  Dotober 8, 1966 and the view the bady after death.  Ittending Med. Director Director Director Street	IN CERTIFYING CAU  (If in Boltimore  JRY OCCUR?  9	SES OF DEATH?  City, give exoct locohon!  Der 8, 19 66  Ian death accurred an the dat  238 DATE SIGNED  October 17, 1966  Maryland, 21217



VS 150-REV. 1/1/65

	E CITY HEALTH DEPARTMENT	66 10565 4
OKTH NO. 66 10565 CERTIF	ICATE OF DEATH Registered No.	00 10000
M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	1
(Type or Print)  Baby of Restant Comegys	Sentember 26. 1	966   10:30 P.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	September 26, 1	institution: residence before odmission
	A. STATE B. COUNTY	
FULL NAME OF (If nat in hospital ar institution, give street HOSPITAL OR address or location)	Maryland C. CITY OR TOWN (If outside city limits, write	BIIDAL and aims Annuality
Provident Hospital		RURAL and give fownship)
5 9 1514 Division Street	D. STREET ADDRESS (If rural, give location)	16-19
Baltimore, Maryland 21217		, 0
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
Male Negro WIDOWED, DIVORCED (spec		Manths Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IND done during most of working life, even if retired)	OUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done donny most of working the, even it remedy	Maryland	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	2.3	
George Adams 15. Was Deceased Ever in U. S. Armed Farces?   16. SOCIAL	Roslyn Comegys	ADDRESS
(Yes, no or unknawn) (If yes, give wor or doles of service) SECURITY NO.		ADDRESS
IB. CAL	USE OF DEATH	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	CONGENITAL HEART DSE (TRUNCUS ARTERIUSUS)	ONSET AND DEATH
LEADING TO DEATH	CONGENITAL OF EART USE	ASS Z
(This does not mean the mode of dying, e.g., DUE 1	то	4
heart failure, asthenia, etc. It meons the disease, injury ar camplication which coused death.)	(TRUMPING ADGERTUCIAL	BONG
ANTECEDENT CAUSES (B)	( / KUNCU MRISKIUSUS)	001773
DISEASES OR CONDITIONS, if ony, giving	10	
rise to the abave cause (A) stating the (C)	***************************************	
UNDERLYING CONDITION last.		
Z CTHER SIGNIFICANT CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	PREMOTOR + TELECOAS	25
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION		FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING C.	AUSES OF DEATH?
U 121 A. ACCIDENT WAS UNDERLYING   21 B. PLACE OF INJURY	Y (e.g., in or obout 21 C. WHERE DID (If in Boltimo	re City, give exact location)
	treet, office bldg., INJURY OCCUR?	
<u>U</u>		
OF INJURY		
	ot While t Work	
22. I certify that (I) (this haspital) attended the deceased from	September 18. 19 66 to Ser	tember 26. 19 66
that (I) (we) last saw the deceased olive onSeptember		
		mon death decorred on the gar
and haur and fram the causes stated above. (1) (We) (did) (did	nat) view the bady after death.	23B, DATE SIGNED
Callo Herrich - M.E	D. Attending Med. Staff	
Colle Minute	Phys. Director Phys.	October 17, 1966
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
Oakley Saunders	M.D. 1514 Division St. Balto.,	Maryland 21217
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	OF CREMATORY TITLE 1240 LOCATION 1	Only, town or soundy) I fall solote)
10/13/66	INIVEDCITY MEDIC	AL SCHOOL
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
ORT 20 1966 10 0 92 0 7 10	and to Samana	
TOWNERS OF THE PROPERTY OF THE	MINKINKY	EDVICE DCHO

The state of the s

BALTIMORE	CITY	HEALTH	DEDADT	MENIT
DALIMORE	CILI	DEALID	DEFARI	WELAI

66 111566 66 10566

BIRTH	NO. MED	ICAL EXAMIN	VER'S CI	ERTIFICAT	E OF DEATH Register	red Na. 1000		
M.E.	CASE NO.							
	AME OF DECEASED				2. DATE AND HOUR PRONOUNCE	ED DEAD		
	ADA	J01	HNSON		October 17, 1966	11:00 P. M.		
3. PL	ACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DE	AD	4. USUAL RESIDE	NCE (Where deceased lived. If insti	itution: residence before odmission)		
EIIII	NAME OF UE NOT IN HOSPIT	AL OR INSTITUTION, GIV	VE STORET	Mar	yland	1		
HOS	NAME OF (IF NOT IN HOSPIT PITAL OR ADDRESS OR LOCATUTION	ATION)	VE SIKEEI	C. CITY OR TOW	N (If outside corporate limit, the	RURAL and sive fownship)		
114 311	10 110 14			Bal	ltimore	-00		
2	John Hopkins Hosp	ital		D. STREET ADDR	ESS (If rural, give location)			
2	5			232	7 Aiken Street			
5. SE	6. RACE	7. MARRIED, NEVER M WIDOWED, DIVORCED		8. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs. Manths, Days, Hours, Min.		
F	'emale Negro	1 /	(specify)	9-29-	1994 49.			
10A, 1	JSUAL OCCUPATION (Give kind of wor	KIOB KIND OF BUSINESS	S OR INDUSTRY	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF		
done	during most of working life, even il retired)	Public		Kanalia	20000 6000	WHAT COUNTRY?		
13. F/	MUYSE. THER'S NAME	1 CLOTTE		14. MOTHER'S MA	AIDEN NAME	1 4.3,11.		
	Flian Whaial			mal	- Million			
15. W	AS DECEASED EVER IN U.S. ARMET	FORCES? 16, SO CIA	AL.	17. INFORMANT	a 1911/ton	ADDRESS		
	no or unknown) (If yes, give wor ar date		RITY NO.			.1		
	NO				ina Wnicht 2143	Hanford Rd.		
1	E 900.0		CAUSE	OF DEATH		ONSET AND DEATH		
	DISEASE OR CONDITION D							
	LEADING TO DEATH	(	(A) Pneu	monia comp	olicating head inju	ıry		
	heart failure, asthenia, etc. It means injury or complication which coused	s the discose,	DUE TO					
	ANTECENDENT CAUSES  DISEASES OF CONDITIONS IF ANY CHARGE							
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE							
7	UNDERLYING CONDITION LAST.		(C)	***************************************				
호 -	il							
\ \	OTHER SIGNIFICANT CONDITIONS							
E E	TO THE DEATH BUT NOT RE							
CERTIFICATION	9A. DATE OF OPERATION 19B. CON		PERATION	20A. AUTOPSY?	(Yes or No) 20B. IF YES, WERE FIR			
0		REFORMED Head Injury		Yes	Yes	SES OF DEATH!		
X 2	A. EXTERNAL CAUSE WAS	21 B. PLACE OF	INJURY (e.g.,		HERE DID (If in Boltimore City, gir	ve exact location)		
EDIC	TING CAUSE OF DEATH.		at home		327 Aiken Street	9-08		
$ \Sigma _2$	ID TIME (Month) (Doy) (Yes		Y OCCURRED		W DID INJURY OCCUR?	7-70		
	APPROX.) 8-2-66	? WHILE AT	m NOT	WHILE TO Fall	ling off front step	os of homo		
	2.	m. WORK	L AT W	ORK X Fall	ing off front step	ps of Home		
	I certify that I held an	Inquiry Inspec	tian Aut	opsy X and	that an this basis, death in m	ny opinian		
	resulted fram: Natural ca	uses Accident	X Suicid	e Hamicio	de Undetermined manne	er 🗌		
	01	00		CHIEF ME	EDICAL EXAMINER	DATE SIGNED		
	ACTUAL Mark	les les	at up	ASSISTANT ME	EDICAL EXAMINER	DATE SIGNED		
	EXAMINER'S Charles	C Caringat	M D	ASSOCIATE M	EDICAL EXAMINER OCT	tober 18, 1966		
	NAME (Type)	S. Springate	е, п.р.					
	BURIAL CREMATION, 238 DATE	23C. NAME	of CEMETERY o	CREMATORY	23 D. LO CATION (City,	, town, or county) (State)		
F	OVAL (Specify)	-11 44 10	1/1/2	Compies	V Anna Annad	alla md.		
24A.	DATE REC'D BY HEALTH DEPT.	24B, NAME OF REGIST	TRAR	COMETERA 24C. FUNERA	AL DIRECTOR	ADDRESS		
136		0000	Tank us	Q 1	0 AA 82 M. D	w x 1 7 -		
	OCT 20 1966	1 Pole En	TON YOU AN	- Novetet	elly. Colick 24311	E.Oliver Sti		
VS 1	51-REV. 1/1/65	4		0				

24 NEW 72 2 1121 42 Serveliesteen Co. S. S. P. The meting their second there to I The Burlas Rosers Mr. Celvary Consumy Anna Amaderia 1950 Newbold Tolling seit Mire St.

2	-	Dis.	6	2	1	N N
	ed in a hospital and	uting cause of death	d cause; (5) Deceased	r attendance on the	prior to death. Such	9.
	if death occurr	et or contribu	() Undetermine	was in regula	the deceased	position is mad
FUNERAL DIRECTOR: IMPORTANT	or his assistant i	Also, if the dire	e of any kind; (4	nounced death	attendance on t	med or final disc
DIRECTOR:	ical examiner	di examiner.	is; (3) A fractur	cian who pror	as in regular	ains are embal
FUNERAL	ved by the chief med	hospital by a medic	nature; (2) Body burn	copt where the physi	d (6) No physician w	ained before the rem
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, it the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🦛	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

>	881TH NO. 66 10567 CEDT	ORE CITY	HEALTH DEPARTMENT		66 10507
	CERI	IFICA	TE OF DEATH	Registered No	00 11196
	M.E. CASE NO.  1, NAME OF DECEASED	/	2. DATE A	AND HOUR OF DEATH	20
	(Type or Print) MARGARET M. BERR)	7	OCTOR	BER 20, 196	6 4 A.M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WI A. STATE B. COU	here deceased lived. If institu	ution: residence before odmission)
	FULL NAME OF (If not in hospital or institution, give street		MARYLAND		
	HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN	outside city limits, write RUR	AL and give towarship
	SINAI HOSPITAL OF BALTIMORE		BAUTI MORE		7 170
	42		N y		
	5. SEX   6. RACE   7. MARRIED, NEVER MARRI	B. DATE OF BIRTH 9. AGE (In yours If Under 24 Hrs.			
	WIDOWED, DIVORCED!		JUNE 7 1900	tost birthdox	lonths Doys Hours Min.
2	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State or fo	-	2. CITIZEN OF
	done during most of working life, even if retired)  Clerk		BALTIMORE	MARRAMO	WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N		D. D. A.
	LOUIS SUDSBERG			MARY COLL	FN
	15, Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL		17. INFORMANT	THICY CELL	ADDRESS
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY	NO.	Colled DE	33/9	WOODLAND AUB.
	NO	-	JUHN DE	BALT	I MORE, MARY LAND
	18. 180 X I	CAUSE OF	DEATH	2.5	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Hum	0.1	+ kilm . In	
	(This does not meen the mode of dying, e.g.,	UE TO	enghroma lef	* to 0'	
	heart failure, asthenia, etc. II means the disease, injury or complication which caused death.)	pu	amora of m	conspication.	
	ANTECEDENT CAUSES (B)	UE TO		**	
	DISEASES OR CONDITIONS, if ony, giving	01 10			
	rise to the obove couse (A) stating the (CUNDERLYING CONDITION lost.	:}			
	II				
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERA	/ .	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE FINI	DINGS CONSIDERED S OF DEATH?
	July 19, 1966 WAS PERFORMED LONG, left 10 18 A. ACCIDENT WAS UNDERLYING 21B, PLACE OF IN.	HIPY In or in	or obout 21 C. WHERE DID	III in Baltimore Ci	ity, give exact location)
	OR CONTRIBUTING CAUSE OF home, form, foctory	, street, of	fice bldg., INJURY OCCUR?	III III VOILINGIE G	ny, give exect locations
3	Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCC	LIBBED	21F. HOW DID IN	ALUBY OCCUPY	
	S OF INJURY	Not While		470K1 OCCOK:	
	(APPROX.) Work	At Work			
	22. I certify that (I) (this hospital) attended the deceased			1966 to octob	n 20 ,19 66,
	that (I) (we) last sow the deceosed alive on OCTOBEN	_ 20	19 66 and	that in (my) (our) oplnio	n death occurred on the date
	ond hour ond from the couses stated above. (I) (We) (did) (	dld not) vi	iew the body ofter death		
	23A. SIGNATURE	AA D Atte	nding Med.		B. DATE SIGNED
;	Mancisco D. Savado, XI.	Phys	Director		Stober 20, 1966
	23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS SINAT	HOSPITAL OF	BALTIMORE
		M.D.			
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMET			LOCATION (City,	town, or county) (State)
	Burial 10/24/1966 Woodlawn	Cemet		odlawn, Md.	
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	0 0	25C. FUNERAL DIRECTO	0	Cally mel.
- [	00 20 1966 (R) Co. 6 & Starley	<u>An</u>	Whit. Ta	Ann Loon	onorthe por.
	VS 150-REV. 1/1/65				



## BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered NGC 10568

M.E. CASE NO.	CEASED				To make assis	- House Productive	TO DIAD	
(Type or Print)	THOMAS	T.	. WAI	DOM		ber 20, 196		
3. PLACE IN BAL	TIMORE, MARYLAND,			DON	ENCE (Where	deceased lived. If ins	stitution: residence before odmission) UNIX	
				A. STATE Mar	yland	B. CO	UNTY	
FULL NAME OF	ADDRESS OR LOC	JTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RULAL and give township)					
VSTITUTION				Baltimore 34 03				
South	spital	D. STREET ADDRESS (If rurol, give locotion)						
43				1037 William Street				
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)							Months, Doys, Hours, Min.	
Male	le White Married		ied	2/2/00 66				
	UPATION (Give kind of wo working life, even if retired		BUSINESS OR INDUSTRY	11. BIRTHPLACE			12. CITIZEN OF WHAT COUNTRY?	
Seam	Seaman			Delta Ville, V		Va.		
	3. FATHER'S NAME							
	ard Waldon	D FORCESS	17, 50,0141	Alice Tabor				
(Yes, no or unknown	n) (If yes, give wor or do	es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
No			215 18 5984	Mrs. My	rtle I	M. Waldon	1037 William S	
18.	1 X 1 -		CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH	
DISEA	SE OR CONDITION	IRECTLY						
(This does	LEADING TO DEAT			oma of Es	ophagus	•		
heart foilure	not mean the mode of a stherio, etc. It mean omplication which coused	s the disease,	DUE TO					
	OR CONDITIONS, IF		(B).		*************************			
RISE TO TH	HE ABOVE CAUSE (A) NG CONDITION LAST	STATING THE	DUE 10					
	NO CONDINON LASI		(C)				•••••••••••	
5	II .							
	DEATH BUT NOT R							
DISEASE C	OR CONDITION CAUSIN	G IT.	***************************************				0.0000000000000000000000000000000000000	
DI ISA. DATE O	F OPERATION 198. CO	REORMED	WHICH OPERATION			IN CERTIFYING CAU	INDINGS CONSIDERED USES OF DEATH?	
10	AL CAUSE WAS	21 R	PLACE OF INJURY (e.g.,	NO	VHERE DID	If in Boltimore City of	rive exact location)	
O UNDERLYING	OR CONTRIB-	home etc.)	, form, foctory, street,	ffice bldg., INJURY	OCCUR?	in the continuous city, g	pve exact locolloll/	
#			1E. INJURY OCCURRED					
OF INJURY	(Month) (Doy) (Ye				DW DID INJU	IRY OCCUR?		
(APPROX.)		m. \	WHILE AT NOT	ORK				
22.	rtify that I held an	Inquiry	Inspection X Aut	apsy and	d that on thi	s basis, death in	my opinion	
rasu	Ited fram: Natural c	ouses X	Suicid	e Hamici	de 🗌 L	Indetermined mann	ner 🗍	
	0/	/	1-			AMINER .		
ACTUA		(es) /a	K M.D				DATE SIGNED	
SIGNAT	OKL			ASSOCIATE M			10/20/66	
NAME (		s S. Pet	ty, M.D.	7,000 O 77 1 E 111				
23A. BURIAL CRE REMOVAL (Specif	fv)		C. NAME of CEMETERY	CREMATORY	23 D. L	OCATION (City	y, town, or county) (Stote)	
Burial	30/0/	/66	Cedar Hill	Cemeter	P	Baltimore,	. Md.	
	BY HEALTH DEPT.	-	OF REGISTRAR		AL DIRECTOR	ar ormoro,	ADDRESS	
		A . 1 . 1	A 9 Ba	TOHM	ישת היק	NNY TNC	715 Light St.	
0	CT 20 1065	0000	44 (5 41)	-7 1011	- 8	THO.	TO DIETO OF.	

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VS 150-REV. 1/1/65

DEPARTMENT
F DEATH Registered No SS 10569
2. DATE AND HOUR OF DEATH
OctoBER 14 1966 7 49 P. M.  RESIDENCE (Where deceased lived. If institution: residence before admission)  B. COUNTY
RYLAND BALTIMORE ORTOWN (If dutside city limits, write RURA) and give township)
ET ADDRESS (If rurol, give location)
WEST 28 H STREET
OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months; Doys   Hours; Min.
PLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
NNSYLVANIA US.A.
HER'S MAIDEN NAME
RMANT SIBLE ADDRESS ADDRESS SF
S WANDA NAYLOR (DAUGHTER)
INTERVAL BETWEEN ONSET AND DEATH
MYOCARDIAL INFARETTON INKNOWN
AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
IN CERTIFFING CAUSES OF DEATH?
21C. WHERE DID (If in Boltimore City, give exact location)
21F. HOW DID INJURY OCCUR?
3 1966 to 10 = 14 1966.
66 and that in (my) (aur) apinian death accurred an the date
bady after death.
Med. Director Phys. 4 10-14-66
RESS
THE UNION MEMORIAL HOSPITAL  [240. LOCATION (City, town, or county) (Stote)
elery BAltimore Co. Md.
FUNERAL DIRECTOR ADDRESS

JAT - LOS JA NEWSKI JUNEAU

Chucklin Whitehours

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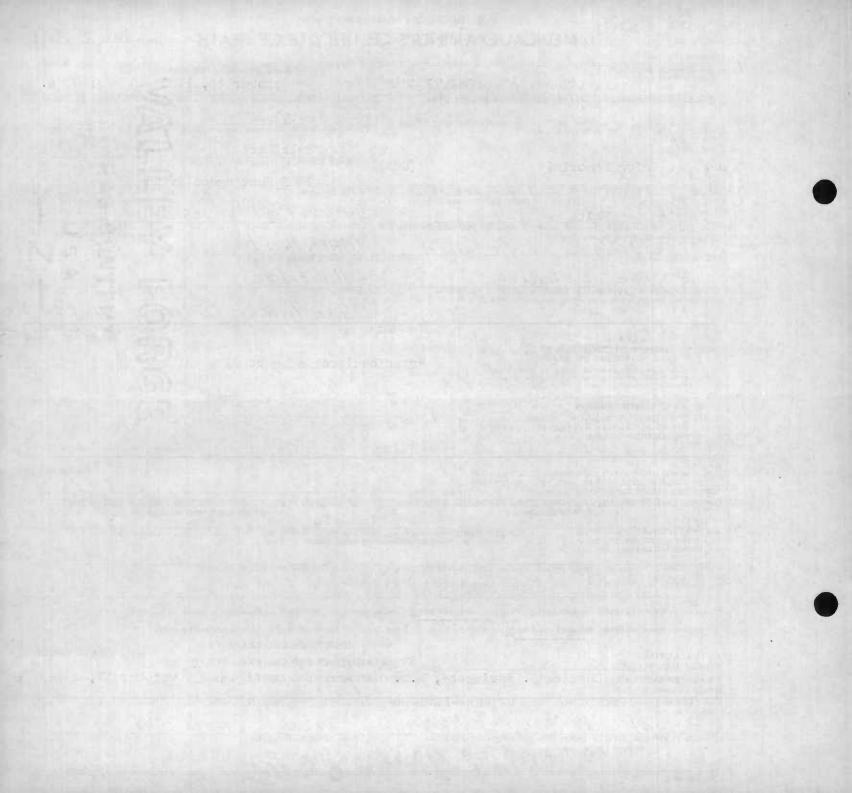
Samuel a distran

MIRES OF LET W.

JATHUL JA KELIMELI AL MININE

## B-635 66 10570 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 10570

BIRTH NO.	ICAL LAAMIIALK	3 CERTIFICA	ALL OF DEA	/       Kedizieien	No.	
M.E. CASE NO.						
1. NAME OF DECEASED (Type or Print) BERTHA	K. BRITTING	SHAM	October	16, 1966	9:30 A. M.	
3. PLACE IN BALTIMORE, MARYLAND, V	HERE PRONOUNCED DEAD	4. USUAL RE	SIDENCE (Where deceo	sed lived. If instituti B. COUNT	ion: residence before odmission)	
FULL NAME OF (IF NOT IN HOSPIT	EET C CITY OR	Maryland	and limite wide Di	UPAL and size Investigation		
HOSPITAL OR ADDRESS OR LOC	ATION)	C. CITI OK	C. CITY OR TOWN (If outside corporate limits, wate RURAL and give township)			
49		C CTREET A	Baltimore	(marked)		
Union Memorial		(DOA)	D. STREET ADDRESS (If rurol, give location)			
S. SER   6. RACE	7. MARRIED, NEVER MARRIED	D B. DATE OF B	2905 Huntin		If Under 1 Yr. If Under 24 Hrs.	
	WIDOWED, DIVORCED (specif	(v)		st birthdoy)	Months Doys Hours Min.	
Female White	DI VORCED	0,,,,	CE (State or foreign cour	65 I	2. CITIZEN OF	
done-during most of working life, even if retired)	Da 1-11	500	YlAND		WHAT COUNTRY?	
JAIES IAGY 3. FATHER'S NAME	INCTRIL	14. MOTHER'S			03/4	
GEORGE Sch	RIPR.	MA	tilda			
5. WAS DECEASED EVER IN U.S. ARME		17. INFORMAN		A	DDRESS	
Yes, no or unknown) (If yes, give wor or dot	es of service) SECURITY NO	1 ///p	REPLIER	2905	Hunting don H	
		CAUSE OF DEATH	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,00	INTERVAL BETWEEN	
400,0		CAOUL OF DEATH			ONSET AND DEATH	
DISEASE OR CONDITION D		rteriosclero	tic heart di	50250		
(This does not mean the mode of heart failure, asthenia, etc. It mean	dving e.g., Dile T	o retroscreto	LIC HEALL GI	sease	2000 H H 20 20 1 1 20 0000 0000 0000 1 1 1 1 1 1	
injury or complication which coused	deoth.)					
ANTECENDENT CAUS						
DISEASES OR CONDITIONS, IF	ANY, GIVING DUE	TO		001 mm0 00 0 mm0 00 00 0 m 0 m m 0 0 0 0		
UNDERLYING CONDITION LAST.						
<u>Z</u>	(0)	••••••••••••••••••••••••				
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RI DISEASE OR CONDITION CAUSIN 19A, DATE OF OPERATION 19B, CO.	LATED TO THE					
19A, DATE OF OPERATION 19B, COI		ON 20A. AUTO	PSY? (Yes or No) 208. I	F YES, WERE FIND	INGS CONSIDERED	
WAS PE	RFORMED	Ne	IN C	ERTIFYING CAUSES	OF DEATH?	
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	218. PLACE OF INJU home, form, foctory, etc.)	RY (e.g., in or obout 210 street, office bldg., INJ	URY OCCUR?	Boltimore City, give	exoct location)	
21D TIME (Month) (Doy) (Yes	on (Hour) 21E INJURY OCC	CURRED 21F.	HOW DID INJURY O	CCUR?		
(APPROX.)	m. WHILE AT	NOT WHILE				
22. I certify that I held an			and that on this ba	sis, death in my	apinian	
rasulted from: Natural co	uses X Accident	Suicide Ham	nicide Undet	ermined manner		
1811	1 00 -	CHIEF	MEDICAL EXAMIN	IER 🗌	DATE CICHED	
ACTUAL SIGNATURE	le J'april	11	MEDICAL EXAMIN	process	DATE SIGNED	
EXAMINER'S Charles NAME (Type)	S. Springate, M.		MEDICAL EXAMI		ober 17, 1966	
23A, BURIAL CREMATION, 23B, DATE REMOVAL (Specify)	23C. NAME of CEA	METERY or CREMATORY	23D. LOCAT	ION (City, to	own, or county) (Slote)	
BURIA/ 19 00	t. 1966 JeRUSAle	M Lutheran	Cem. Bi	Alto, M		
24A. DATE REC'D BY HEALTH DEPT.	248. NAME OF REGISTRAR	24C. FUN	NERAL DIRECTOR		ADDRESS Falls A	
OCT 20 1966	R.P. S. E. Fail	BUR BUR	gee Funer	PAI Home	3631 FAIls R	
VS 151-REV. 1/1/65	1 7 0 0	0	Jumi	n) 13/1/1/1	ree Herros	



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VS 150-REV. 1/1/65

of death Deceased

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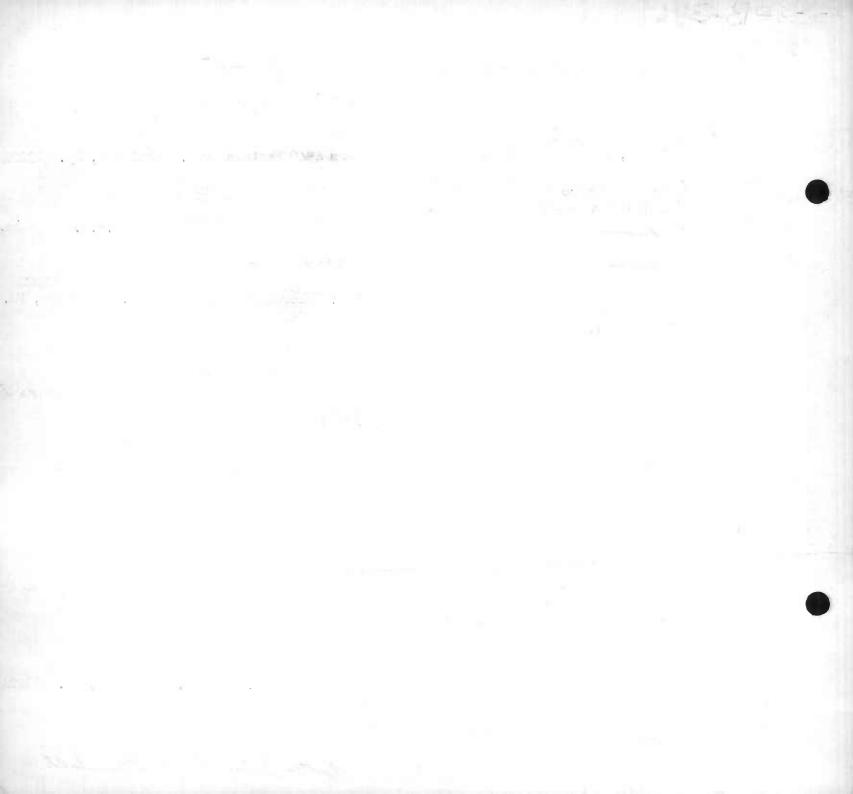
BALTIMORE CITY HEALTH DEPARTMENT 10571 Registered No. \_ BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH RUPPEL Oct. 18, 1966 | 1.30 P. M.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY (Type or Print) SISTER MARY 3, PLACE OF DEATH IN BALTIMORE MARYLAND (If not in hospital or institution, give street FULL NAME OF C. CITY OR TOWN HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township INSTITUTION BALT IMORE VISITATION MONASTERY OF THE 5712 ROLAND AVE ROLAND AVE 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours lost birthdayi Ocr. 20.1888 WHITE FEMALE WHITE SINGLE SINGLE 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? BALTIMORE, MD. RELIGIOUS SISTER OF VISITATION 4. MOTHER'S MAIDEN NAME LOUISM SHANDELLE FREDERICK RUPPEL 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. SR. ANGELA 5712 ROALND CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. the remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 2) C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (I) (the hospital) attended the deceased from .19 to 19 that (1) (we) lost saw the deceased alive on .....and that in (my) (our) opinion death accurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE Attending Phys. Med. written approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) OF REGISTRAR 25C. FUNERAL DIRECTOR H.W. MEARS & SON 805 N. CALVERT

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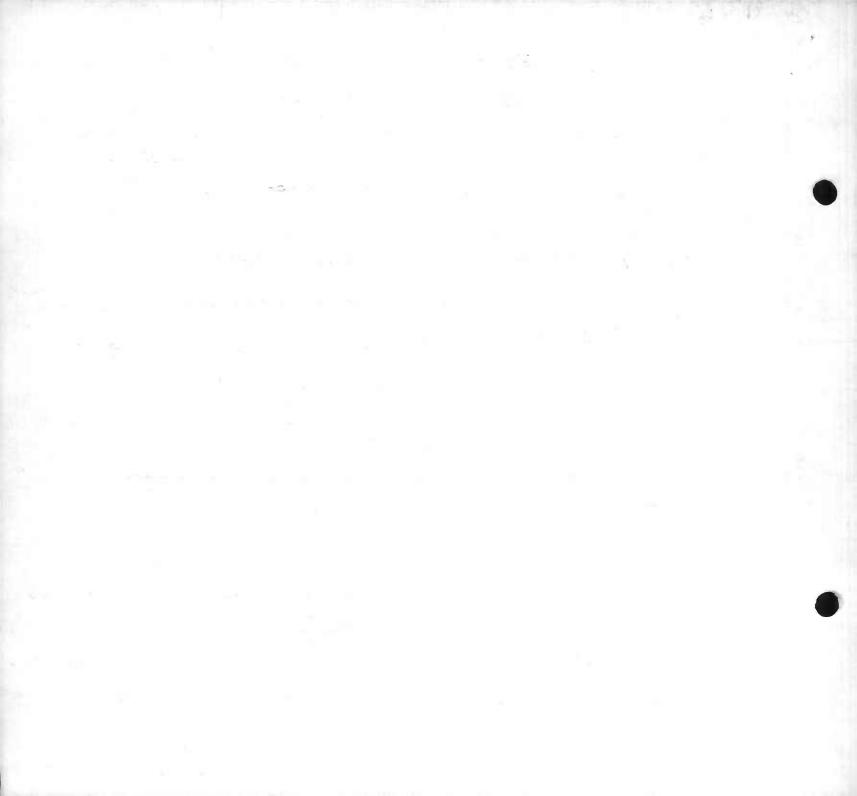
37-43-25 ED 3-	CERTIFICATE OF DEATH Registered No.	66 10572		
pital and of deatle of deatle Decease to the arth. Suc	PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived, If institute a county)  4. USUAL RESIDENCE (Where deceased lived, If institute a county)	1345 A.M.		
d in a hos ng cause cause; (5) attendancior to de	4940 Eastern Avenue BALTIMORE (IT Y HOSPITALS BALTIMORE 26-18	BALTIMORE 26-12		
occurred ntributi rmined egular ased pi		Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min,		
00-0.	IA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country)  Unfared  Maryland	2. CITIZEN OF WHAT COUNTRY? U.S.A.		
nt if death direct or c 1; (4) Undet th was in on the dec	Infather's NAME  14. MOTHER'S MAIDEN NAME  Unfanorum	ADDRESS     02 00		
STAI	i, Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT BCH: Records 4940 Eastern AV	ADDRESS# 21224  Ve. Baltimore, Md.		
r or his as . Also, if ure of any oncurred	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) Bilat CVA'S	ONSET AND DEATH		
OR inerine ract	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DUE TO  Themwarage - Julcen	1/2 mths.		
RECT exan (3) A in wh	DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stoling the UNDERLYING CONDITION lost.	?		
AL I medic edicc edicc burns hysic n wa	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  2	2 mts		
FUNER he chief I by a m (2) Body pre the p physicia	OR CONTRIBUTING CAUSE OF home form foctory street office bldg INTURY OCCUR?	ity, give exoct locotion)		
red by the hospital b nature; (2) ept where d (6) No pi	DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  While At Not While (APPROX.)  While At Work  At Work			
ppro any (exc ; and	22. I certify that (I) (this hospital) attended the deceased from 5/27 19 63 to 9 that (II) (we) lost sow the deceased alive on 9/20 19 6 and that in (my) (our) opinion			
nust be leased cident hospit to deat	ond hour ond from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth.  23A. SIGNATURE  Attending Med. Director Stoff Phys. Director Phys. Director Di	9/21/66		
was re An ac L at a prior	RICHARD MAFFEZZOW, M.D. BALTIMORE CITY HOS	timore, Md. #21224  PITALS  town, or county) (Stote)		
certi sody vs: (1 D.O. assed	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, REMOVAL (Specify) 10-20-66 Sacred Heart Cemelery Ballimoir  SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS .		
This the back was dece	5 150-REV. 1/1907 20 1966 (R. Jos. & E. Jan Jan 3 Watter Dathuske 100)	5 Dundalk.		



IMPORTANT

DIRECTOR:

FUNERAL

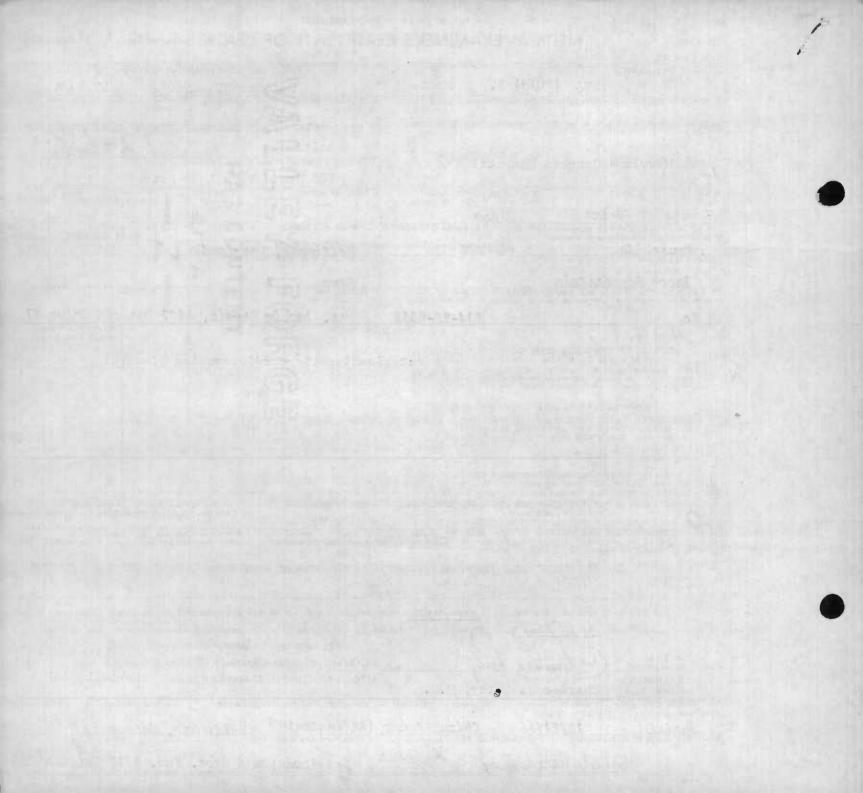


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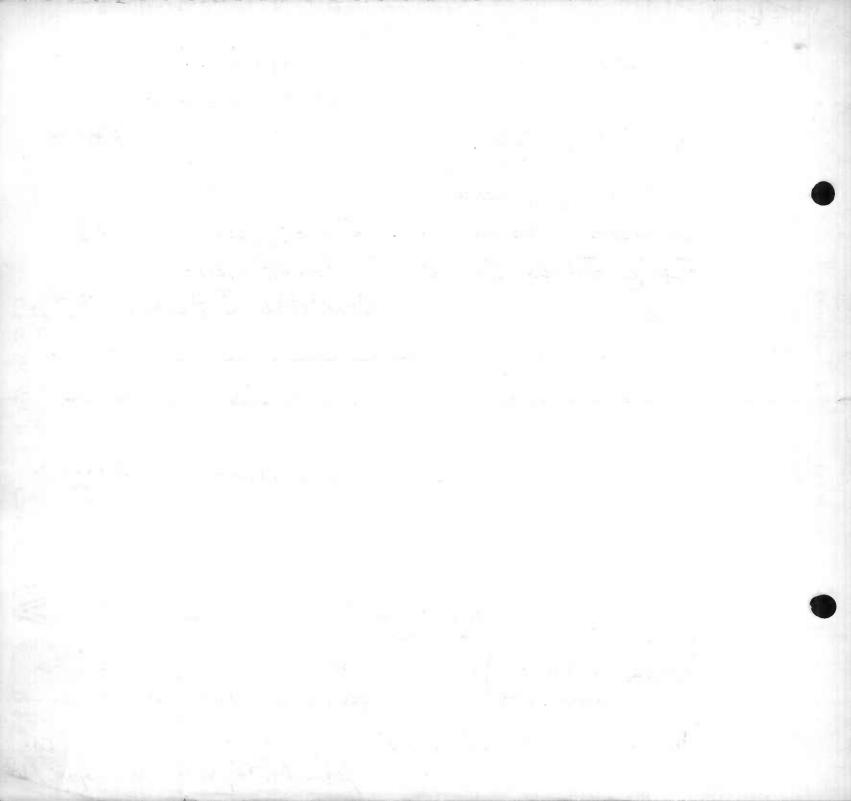
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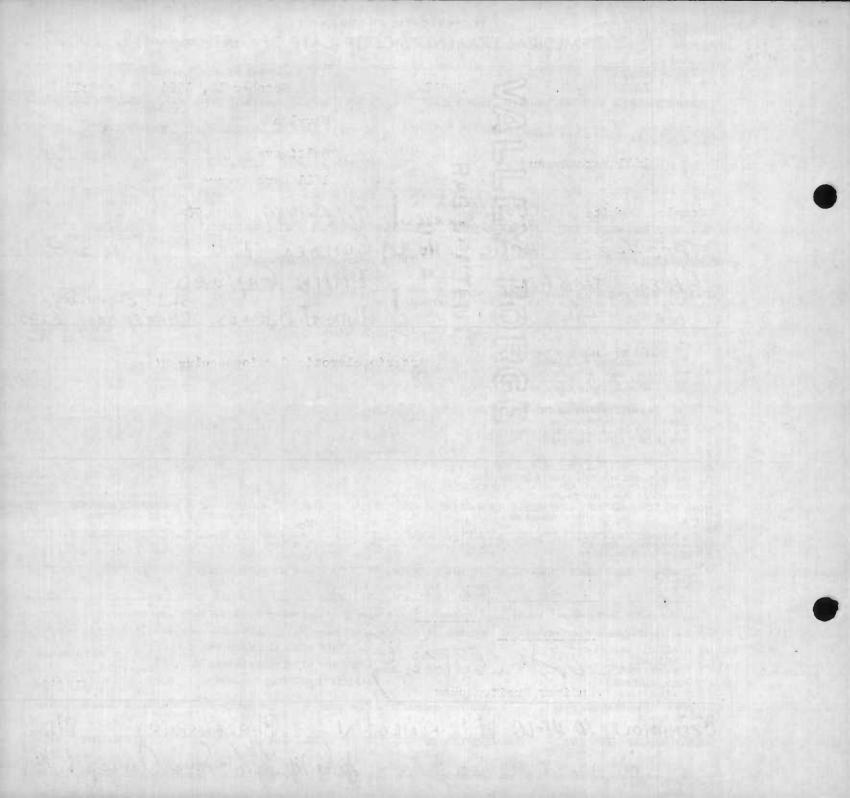
RTH NO.	10575 MEDI		AMINER'S C	ERTIFICATE OF [	DEATH Registe	GG 10575		
LE CASE NO.								
NAME OF DEC				2. DATE AND HOUR PRONOUNCED DEAD				
		uth) S.	COHEN		er 20, 1966	12:40 A M.		
PLACE IN BALTI	MORE, MARYLAND, W	HERE PRONOL	NCED DEAD	A. STATE	deceased lived. If inst	litution: residence before admission)		
ILL NAME OF	(IF NOT IN HOSPITA	L OR INSTITU	TION, GIVE STREET	Maryland C. CITY OR TOWN (If outside	compente limite write	PLIPAL and give township)		
STITUTION	ADDRESS OR LOCA	TION)			corporote initias, with	12-01		
120 24	1 1 0 1	77 4 -	. 1	Baltimore D. STREET ADDRESS (If rurol,	sive leastice)	13 0		
18 Mary	land General	Hospita	3.1		Park Lake Di	mi 170		
SEX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.		
		WIDO WED, I	OIVORCED (specify)		lost birthdoy)	Months, Days, Hours, Min.		
emale	White	Wide	W BUSINESS OF INDUSTR	Y11. BIRTHPLACE (State or foreig	68	12. CITIZEN OF		
	orking life, even if retired)			IIII. BIKINFEACE (Sible of lotery	ii coomiyi	WHAT COUNTRY?		
HOUS CLU	ife	At f	ome	Baltimore No	ryland	USA		
Jacob .	Sapperstein Deverin u.S. ARMED	FORCES?	16. SO CIAL	Sema ?		ADDRESS		
	(If yes, give war ar date		SECURITY NO.					
No		Marie S	214-20-0368	Mrs. Jackie E	Brodie, 6807	1 Darwood Drive #7		
18.	2, 1		CAUS	E OF DEATH		ONSET AND DEATH		
DISEAS	E OR CONDITION DI	RECTLY						
	LEADING TO DEATH of meon the mode of		(A) Arter	riosclerotic Card	iovascular l	Disea <b>s</b> e.		
RISE TO TH UNDERLYIN	OR CONDITIONS, IF A E ABOVE CAUSE (A) ST IG CONDITION LAST.  II WIFICANT CONDITIONS DEATH BUT NOT RE	CONTRIBUTII						
DISEASE OF	CONDITION CAUSING	FIT.		Look Allzonova (V N.)	DOD AP VEC MER EI	NDINGS CONSIDERED		
OTHER SIGN TO THE DISEASE OF	WAS PER		WHICH OPERATION	NO	IN CERTIFYING CAU			
UNDERLYING UTING CAU	CAUSE WAS OR CONTRIB- SE OF DEATH.	218. home etc.l	PLACE OF INJURY (e.g., , form, factory, street,	office bldg., NJURY OCCUR?	Ilf in Boltimore City, g	ive exact location)		
21D TIME	(Month) (Doy) (Yeor	r) (Hour) 2	1E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?			
(APPROX.)		V	THILE AT NOT	WHILE				
22.   cert	ify that I held on 1				s bosis, deoth in 1	my opinion		
	ted fram: Notural co		ccident Suicie		Indetermined monn			
19301	TOTOTOT CO	/	Soleti	CHIEF MEDICAL EX				
ACTUAL		1.1/		ASSISTANT MEDICAL EX		DATE SIGNED		
SIGNAT		May 10	M. C	ASSOCIATE MEDICAL EX		10/20/66		
EXAMIN NAME (		S. Pet	ty, M.D.	AJJUCIA LE MEDICAL EX	AMINER _	20, 20,00		
A. BURIAL CRE	MATION, 238. DATE		C. NAME OF CEMETERY		OCATION (City	, town, or county) (State)		
Burial	10/21			o (Arlington)	Baltimore.	Maryland		
A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIRECTOR		* ADDRESS		
	DOT 20 106	6 00	R- S at A. Vac. M.	1 0 0 1	e Dias To	- 1010 Doistoust		
	111V (-11 1711)	2 1 2 2 4 9 0 a	" C' MANDOCK	SOX EN OUTENA ON	& DAOS IN	ic. 6010 Kecstersi		
151-REV. 1/1/		4 Vicken	BE tarbey"	Solpevanson	& 57.05. IN	c. 6010 Reisterst		



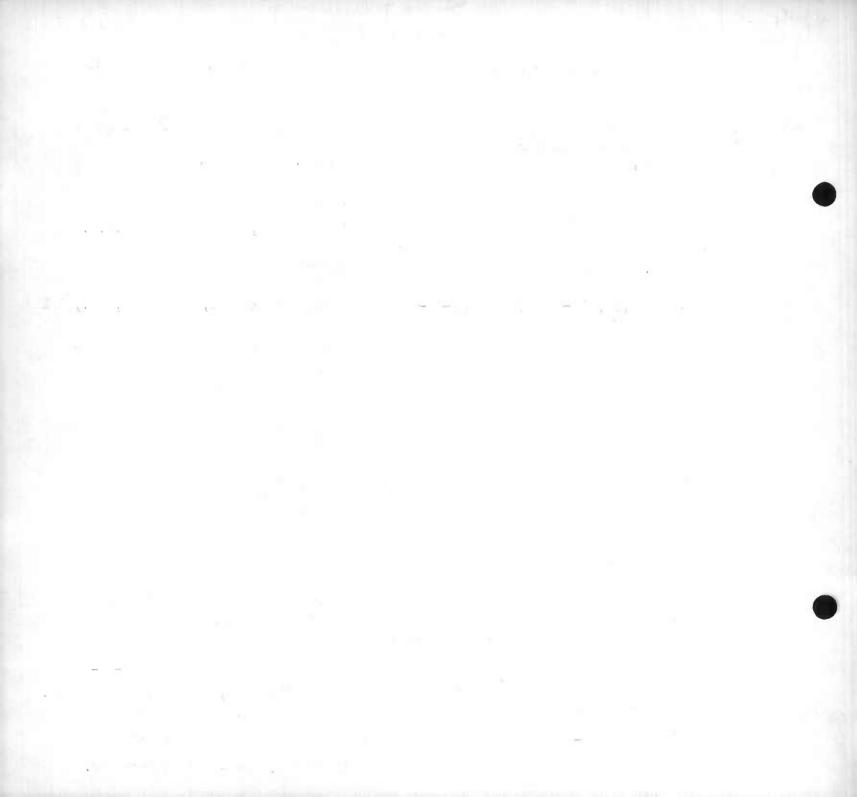
VS 150-REV. 1/1/65



9	M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
	(Type or Print) JANE E. JOSLIN	October 18, 1966 8:15 P
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If autside carparate limits, write RURAL and give township)  Baltimore
	0 0 1611 Park Avenue	D. STREET ADDRESS (If rurol, give location)  1611 Park Avenue
	5. SEX 6. RACE Widowed, Divorced (specify)  White VEUR MARRIED  VEUR MARRIED  VEUR MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
	10A. USUAL OCCUPATION (Give kind of work) 08. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired)  PUBLIC SCHOOL  13. PATHER'S NAME	TIL BIRTHPLACE (State or foreign country)  CAMDEN N.J.  14. MOTHER'S MAIDEN NAME
25-15-11-1	15, WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL	EMMA GAYLORD
	(Yes, no grupknown) (If yes, give war ar dates of service) SECURITY NO.	PLANT T. BARNES CHRUELVIEW TEXAS
	7-97-90 1	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This daes not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease. injury or camplication which coused death.)	iosclerotic Cardiovascular Disease
	ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT	
	19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	Z1A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	in ar about 21C, WHERE DID (If in Baltimare City, give exact location)
	m. WORK AT W	21F. HOW DID INJURY OCCUR?
	22. I certify that I held on Inquiry Inspection X Au resulted from: Natural couses X Accident Suicid	topsy and that an this bosis, death in my opinian  Hamicide Undetermined manner
	ACTUAL MARINET C	CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE EXAMINER'S NAME (Type) Rudiger Breitenecker	ASSISTANT MEDICAL EXAMINER X  ASSOCIATE MEDICAL EXAMINER 10/19/66
	23A. BURIAL CREMATION, 23B. DATE  REMOVAL (Specify)  10-21-11  24A. DATE REC'D BY HEALTH DEPT. 124B. NAME OF REGISTRAR	1 , DI . M.
	245 NAME OF REGISTRAK	II m f f & Co O 1- Mad



and the same of th	66 10578		BALTIMORE CITY	HEALTH DEPARTMENT		00 10==
BIRTH NO.	00 10370	)	CERTIFICA	TE OF DEATH	Registered Na	. 66 10578
M.E. CASE NO.	CFASED				AND HOUR OF DEATH	4
Type or Ponti		E (NMT)			ber 19, 1966	
	WILSON, WILLI			4. USUAL RESIDENCE IV	here deceased lived. If	institution: residence before admission
FULL NAME	OF (If not in hospital	or institution,	give street	Maryland	UNTY	
HOSPITAL OR					outside city limits, write	RURAL and give township)
	Administrati	-	ital	Baltimore	0	20-01
3900 Loc	ch Raven Boule	vard			(If rural, give location)	
Baltimor	e, Maryland			1951 W. Fay	rette St.	
S. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months; Doys Hours Min.
Male	Negro		Divorced (specify)	3/15/10	lost birthdoy)	Months Doys Hours Min.
				11. BIRTHPLACE (State or f		12. CITIZEN OF
Janit	of working life, even if retired) OP			Philadelphi	a, Pa	WHAT COUNTRY? U.S.A.
3. FATHER'S NA	AME			14. MOTHERS MAIDEN N	IAME	
John L	. Wilson			Unknown		
5. Was Deceose	ed Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
řes, no or unknov	vn) (If yes, give wor or dote	es of service)	SECURITY NO.			
yes	7/30/42 - 2/	19/44	233-28-0968	VA Hospital	Records, Bal	timore, Md., 21218
1B. DISE	ASE OR CONDITION DI	RECTLY	CAUSE O	PDEATH		INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) B:	conchogenic Ca	rcinoma	l year
	not meon the mode of		DUE TO		•••••	
	s, asthenia, etc. It meons omplication which caused					
injuly di co	ANTECEDENT CAUSES		(B)			
			DUE TO	· 医克尔克氏 医克尔克氏 医克尔克氏虫 医二甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲	·····································	
	OR CONDITIONS, if the above couse (A)					
	NG CONDITION last,	siding me	(C)			
	11					
TO THE	NIFICANT CONDITIONS OF DEATH BUT NOT RELATED TO THE PROPERTY OF THE PROPERTY O	ATED TO TH				
		DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCID	ENT WAS UNDERLYING BUTING CAUSE OF	218.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimo	ore City, give exact location)
OR CONTRI	BUTING CAUSE OF 'Ify medical examiner)	hom etc.	e, form, foctory, street, of	fice bldg., INJURY OCCUR		
U						
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		NJURY OCCUR?	
(APPROX)		Wh	ile At Not While			
22 1	y that (1) (this hospita			ugust 15th	19 66 to Oc	tober 19th 10 66
/					19 00 ta 00	
	e) lost saw the decease		October 13	19and	that in (ghy) (our) as	plnian death accurred an the dat
and hour o	nd from the causes sto	ted above.	) (We) (did) (did par)/v	iew the bady after deat	h.	
23A. SIGNAT						238. DATE SIGNED
m.o.	. La mil	lhan	M.D. Atte	mding Med. Director	Stoff Phys.	10-19-66
23 C. PHYSICI		0	Phy	23D. ADDRESS		Loch Raven Blvd.
Mary	Lou McIlhany		M.D.			
AA. BURIAL CE	REMATION, 248, DATE	24C. N	AME of CEMETERY OF CRE	MATORY 24D	ore Marylan	City, town, or county) (State)
Burial	10-24-6	6 0-	7 + 4 m - 17		Raltimore	, Maryland
	D BY HEALTH DEPT.		ltimore Nation	25C. FUNERAL DIRECT		
JA, DATE REC	D DI REALIN DEFI.	235. NAME (	& Farley MA	any of the state o	Law - 802 M	adison Ave.
/S 150-REV. 1/1	45 T 0 1 1400	السالا				

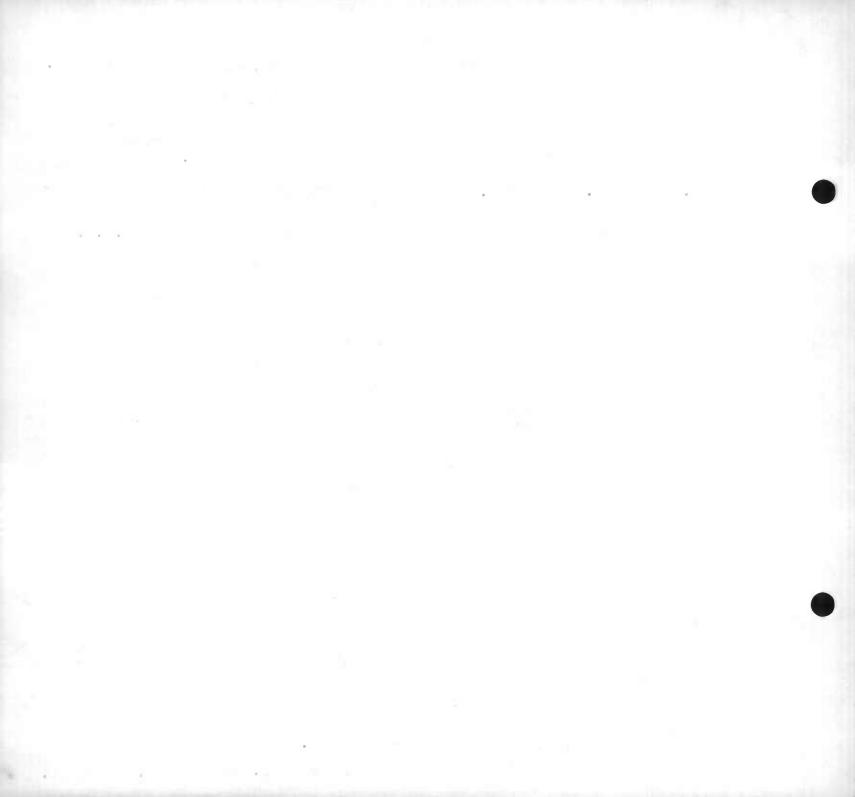


Such

		BAL	TIMORE CITY	HEALTH DEPARTMENT		64 40570
BIRTH NO.	66 1057	9 CEI	RTIFICA	TE OF DEATH	Registered No	66 10579
NAME OF D	. 00				AND HOUR OF DEATH	17:30 A.
PLACE OF	DEATH IN BALTIMORE, MA	ARYLAND			here deceased lived, If	institution: residence before admission
FILL NAME					yland	
HOSPITAL C	DR oddress or location	or institution, give street				e RURAL and give (washp)
INSTITUTION	N .			Baltimore		
700	of Wennether			D. STREET ADDRESS	(Il rurol, give location)	
PIL	nai Hospital			3402 Call	oway Ave.	
5. SEX	6. RACE	7. MARRIED, NEVER MA		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
M •	C .	WIDOWED, DIVORCE	D (specify)	4/20/ 02	lost birthdoy)	Months Doys Hours Min.
OA. USUAL O	CCUPATION (Give kind of wor	k 108. KIND OF BUSINESS	OR INDUSTRY			12. CITIZEN OF
-	t of working life, even il retired) Dealer			7(	2	WHAT COUNTRY?
3. FATHER'S N				Maryland  4. Mother's Maiden		U.S.A.
	mas Scott			Julia He	nson	
5. Was Decea Yes, no or unkno	sed Ever in U. S. Armed Fo		ITY NO.	7. INFORMANT		ADDRESS
No				Myrtle Sco	tt 3402 C	alloway Ave
1B.	49 V		CAUSE OF	DEATH		INTERVAL BETWEEN
DIS	EASE OR CONDITION DI	RECTLY	(i)	1 -1		ONSET AND DEATH
	LEADING TO DEATH		(A) 1/Q	Thurston	1 Hailu	1
(This doe:	s nat mean the mode at	l dying, e.g.,	DUENO	/	<u> </u>	
	ire, osthenia, etc. It meons complication which caused		11.	4	1 10	0 (
	ANTECEDENT CAUSE		JVU19	- answer	thereo,	scorotig
DISEASES			bye 10	΄	n /	1 1
rise la	OR CONDITIONS, if the above cause (A)	slating the	der a	er poscu	en renu	el Alsland
	ING CONDITION lost.	-		/		
7	11		1		-/-	
OTHER SIG	GNIFICANT CONDITIONS ( DEATH BUT NOT REL	ATED TO THE	uto 1	Dreum	uki:	
DISEASE	OR CONDITION CAUSING	IT. <u>CC</u> CA		/		
OTHER SIGNATE DISEASE OF TO THE DISEASE OF TOPAL DATE	OF OPERATION 198. COL	NDITION FOR WHICH OPERFORMED	RATION (	20A. AUTOPSY? (Yes or	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
214 4661	DENT WAS HAIRED VICE	210 01 1 07 22	Internal Control	1010		
OP CONTE	DENT WAS UNDERLYING	home, lorm, loc	injury (e.g., in story, street, offi	or obout 21C. WHERE DID ce bldg., INJURY OCCUR	(If in Boltime	ore City, give exact location)
U	otily medical examiner)	etc.)				
OF INJURY		(Hour) 21E. INJURY O	CCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX.)		While At	Not While At Work			/
22 1 1	26., Abma (1) (Abta baarte			10 50	10	0/18 6
	ify that (I) (this haspita		a tram	7 5 7 6	19ta	0//0 19 2
	we) last saw the deceas	1 -1	1.1.3			pinian death accurred an the d
	and fram the causes sta	ited above. (H) (We) (did	l) (dld nat) vi	ew the bady after deat	h.	
23A. SIGNA	/ // //	44				23B. DATE SIGNED
6 /	, Levor	Suy	M.D. Atten	ding Med.	Stoff Phys.	10/21/66
23C. PHYSI		110		D. ADDRESS		1 10 1
NAMI	E (Type) JBOR	JES/Cel	M.D.	601 4.1	Voura 08	+Bolk , shi
AA. RIJPIAL C	CREMATION, 24B. DATE	01=1		AATONY CO	10CATION )	1 July 1114
REMOVA	L (Specily)	24C. NAME OF CEA	METERT OF CREA	AAIORT 24D	. LOCATION	City, town, or county) (State)
Buria	/~~					aryland
5A. DATE REC	C'D BY HEALTH DEPT.	25B. NAME OF REGISTRA	1 0 -	25C. FUNERAL DIRECT		ADDRESS
	OCT 20 1966	个 D. 库里 (Fa	Cours .	Charles A	Rice 661	W. Barre St.

V\$ 150-REV. 1/1/65

Rice 661 W. Barre St.



Oct 24 1966 Holy Redeemer Cemetery

24C. FUNERAL DIRECTOR

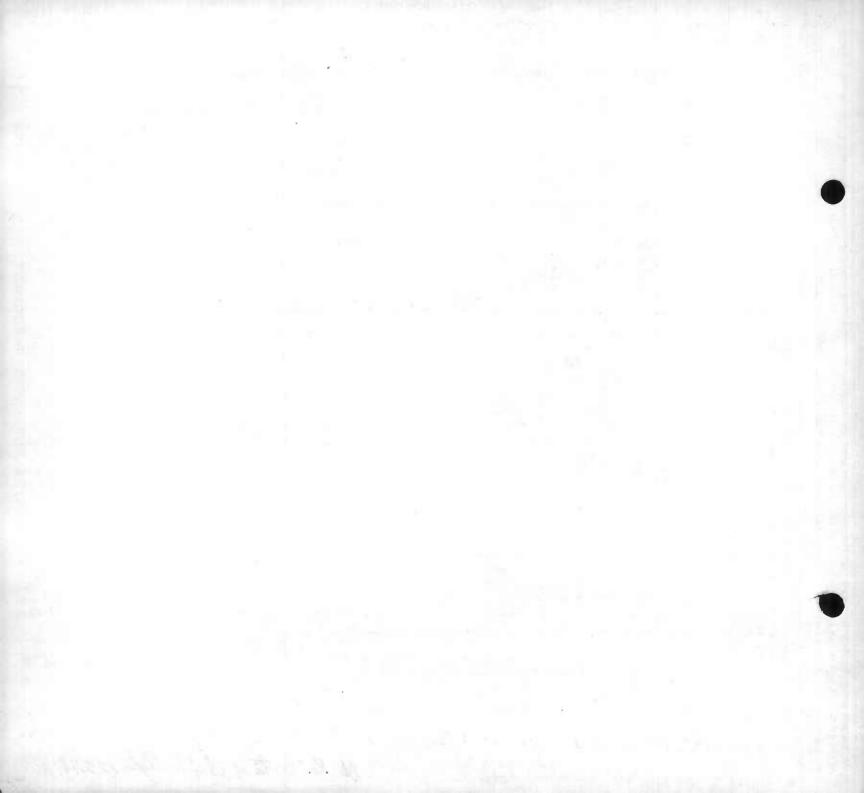
Dippel Bros Inc 1800 E Lombard St

ADDRESS

Burial

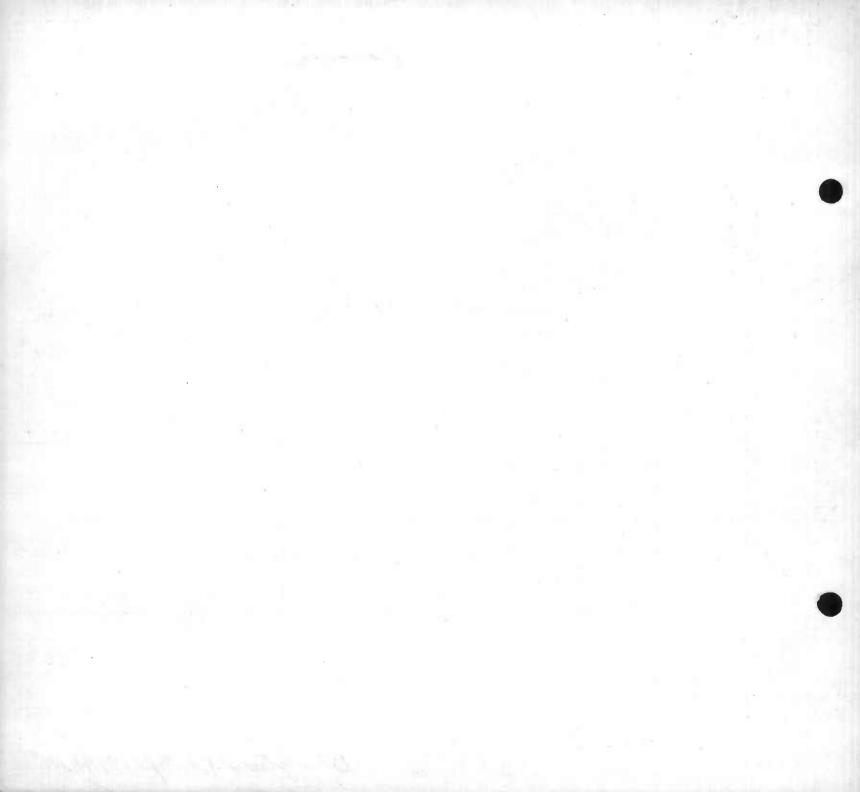
VS 151-REV, 1/1/65

24A. DATE REC'D BY HEALTH DEPT.



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

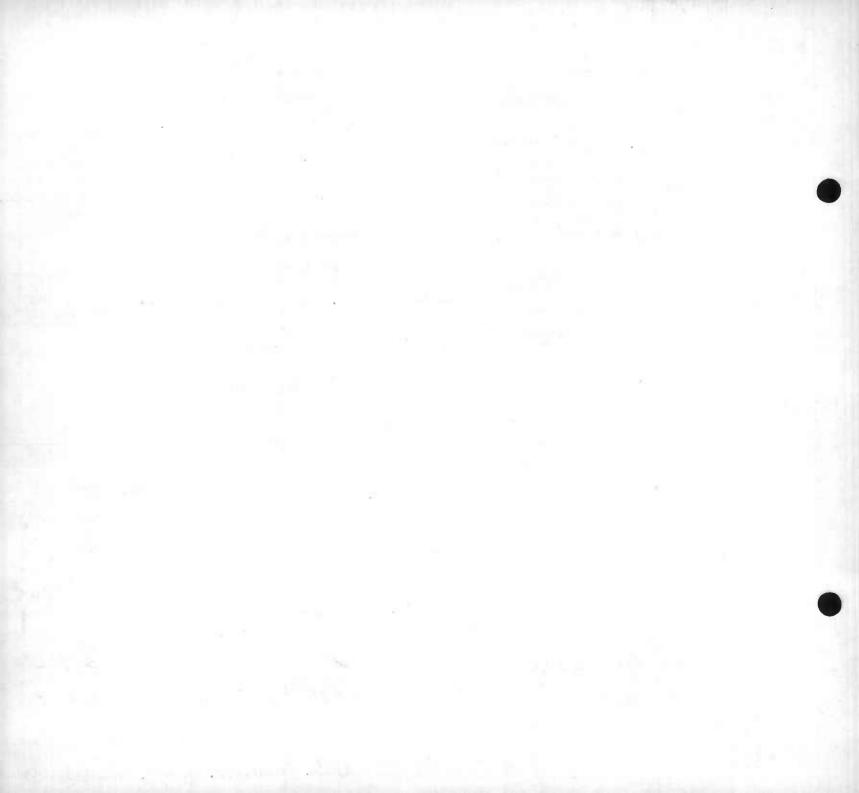


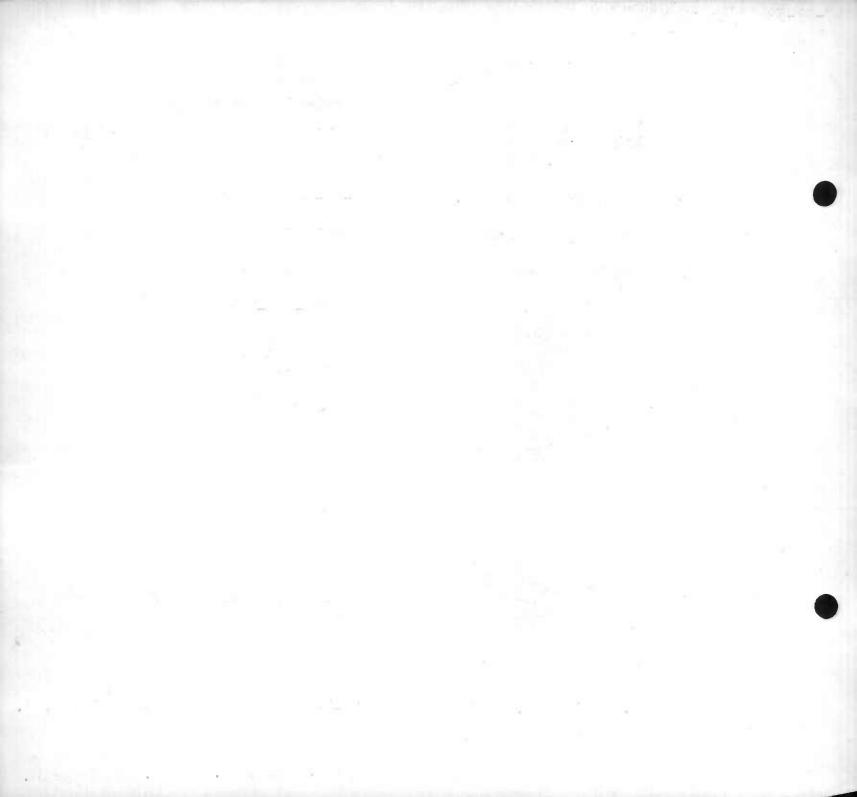
IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT





BALTIMORE CITY HEALTH DEPARTMENT

Z'30 P M

If Under 24 Hrs.

Hours

WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

VES

Md.

county)

IMPORTAN DIRECTOR: FUNERAL

VS 150-REV. 1/1/65

San Start 

C-140

BIRT	H NO.	MEDI	CALEX	AMINER'S CI	EKIIFI	CATE OF I	DEATH Register	red No		
	CASE NO.									
1. N (Typ	e or Print)	IDA MA	E CHA	PPELL			ber 16, 1966		3:10	P.,,
3. PI	ACE IN BALT	IMORE, MARYLAND, W			4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission A. STATE  Maryland					IAIO
HOS	L NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	ITION, GIVE STREET	C. CITY OR TOWN (If outside carporate limit, wate RURAL and give township)  Baltimore					hip)
4	Lut	cheran Hospit	al	(DOA)						
5. \$1	X /	6. RACE		NEVER MARRIED	B. DATE C		9. AGE (In years		1 Yr. If Unde	
	Female Negro Widowed Widowed					16,1896	lost birthdays	Months	Doys Hours	Min.
done during most of working life, even if retired) HOME					11. BIRTH	PLACE (State or foreig	gn country)	12. CITIZI WHA	T COUNTRY?	
			Home				ryland	U.S	5.A.	
13. F	ATHER'S NAM				14. MOTH	ER'S MAIDEN NAM				
	John	Bell					thews			
		D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFOR		77 16 0 1 76	ADDRESS		
					Doro	thy Chappe	11 McCord-35	OTS HO	olmes A	ve.
CERTIFICATION	(This does repeated to the control of the control o	DE OR CONDITION DI LEADING TO DEATH not mean the mode of asthenia, etc. It means inplication which caused  NIECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) SI II  NIFICANT CONDITIONS DEATH BUT NOT REI	dying e.g., the disease, death.)  S NY, GIVING TATING THE  CONTRIBUTIN	DUE TO  (B)  DUE TO  (CI	oscle	rotic heart	disease			
CERTI	19A. DATE OF	OPERATION CAUSING	DITION FOR V	WHICH OPERATION	NO 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
EDIC	UNDERLYING	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. hame, etc.)	PLACE OF INJURY (e.g., , form, factory, street, c	in or about office bldg.,	21C. WHERE DID	(If in Boltimare City, give	ve exact la	ocotion)	
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Year	V	TE. INJURY OCCURRED  WHILE AT NOT AT W	WHILE	21F. HOW DID INJ	URY OCCUR?			
	22. I cert	Ify that I held an I			topsy	and that an th	is basis, death In m	y apinia	n	
		ted from: Natural ca		ccldent Suicld			Undetermined manne			
	ACTUAI SIGNAT	Cl. 8	r.I.	a gata M.D	СН	IEF MEDICAL EX	KAMINER X		DATE SI	
	EXAMIN	ER's Charles		ngate, M.D.	ASSOCI	ATE MEDICAL E	AAMITTE L		17, 196	06
REA	BURIAL CREATON ACTION OF THE STATE OF THE ST			t. Calvary 1		The same of the sa	ne Arundle (	town, or co. Ma		(State)
24A	. DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR		FUNERAL DIRECTOR			ADDRESS	
	- At	ET 21 1966	9 6	n or A iz	3 OH	erbert E.	Nutter-3035	W. No	orth Ave	

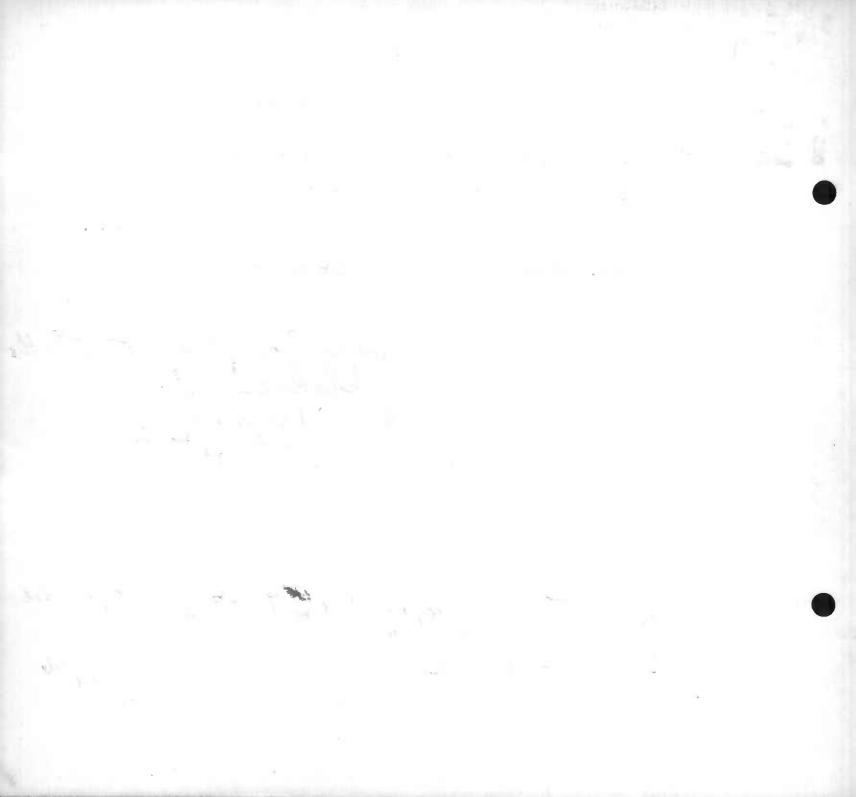
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DIRECTOR:

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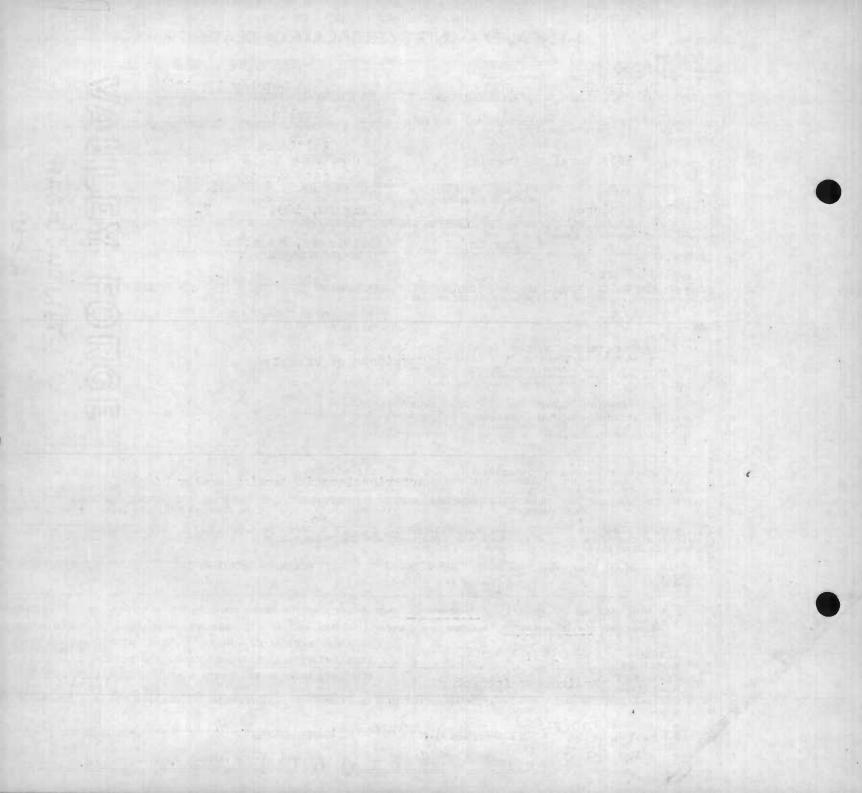
approved

BALTIMORE CITY HEALTH DEPARTMENT



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66	1	U	0	0	Ö

NAME OF DE	CEASED				2. DATE AND HOUR PRO	ONOUNCED DEA	ND
	ANNIE E.	JONE			October 13,	1966	9:53 P M.
PLACE IN BAL	TIMORE, MARYLAND, W	VHERE PRONOU	INCED DEAD	4. USUAL RESIDI	ENCE (Where deceosed liv yland	8. COUNTY	esidence before odmission)
ULL NAME OF IOSPITAL OR ISTITUTION	ADDRESS OR LOCA	ATION)	J'TION, GIVE STREET	c. city or tow	N (If outside corporote li	15-6	give township)
00	1550 Morela	ind Avenu	ie .		ESS (If rurol, give locotion  O Moreland Av		
. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH		(In years If Un	der 1 Yr. of Under 24 Hrs.
Female	Colored	Widow	ved	Aug 30,	1894 7		13 20,3 110013 174111
one during most of	CUPATION (Give kind of working life, even if retired)			Baltimore	, Maryland	12. CII	TIZEN OF HAT COUNTRY? U.S.A
Jului.	s Garner			14. MOTHER'S M			
5. WAS DECEAS	ED EVER IN U.S. ARMEI		16. SO CIAL SECURITY NO.	17. INFORMANT	y E. Chambers	ADDR	ESS
No	n) (If yes, give wor or dot	les of service)	SECORITI NO.	Mrs Erne	stine Johnson	1550 Mon	reland Ave.
18. 170	X		CAUS	E OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEA	ASE OR CONDITION D	DIRECTLY H	0	nems = 5 1			0.50
heort failure	not meen the mode of	of dying, e.g.,	(A) Carc1	noma of br	east	•••••	
injury or co	omplication which coused	deoth.l					
	OR CONDITIONS, IF		(8)				
DISEASES RISE TO TI	ANTECENDENT CAUS OR CONDITIONS, IF A HE ABOVE CAUSE (A) S ING CONDITION LAST.	ANY, GIVING	(8) DUE TO				
DISEASES RISE TO TH UNDERLY	OR CONDITIONS, IF A HE ABOVE CAUSE (A) S ING CONDITION LAST.	ANY, GIVING	(B) DUE TO				
DISEASES RISE TO TH UNDERLY	OR CONDITIONS, IF A HE ABOVE CAUSE (A) S ING CONDITION LAST.  II GNIFICANT CONDITIONS	ANY, GIVING STATING THE	(C)	*aaa1*	o Condi	Jan Die	
DISEASES RISE TO TI UN DERLYI  OTHER SIG	OR CONDITIONS, IF A HE ABOVE CAUSE (A) S ING CONDITION LAST.  II  GNIFICANT CONDITIONS DEATH BUT NOT RE	ANY, GIVING STATING THE SCONTRIBUTING ELATED TO T	NG HE Arter		c Cardiovascu		
DISEASES RISE TO TI UN DERLYI  OTHER SIG	OR CONDITIONS, IF A HE ABOVE CAUSE (A) S ING CONDITION LAST.  III GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSIN OF OPERATION [198. COI	ANY, GIVING STATING THE SCONTRIBUTING ELATED TO T	NG HE Arter	20A. AUTOPSY	? (Yes or No) 208, IF YES,		CONSIDERED
DISEASES RISE TO TI UN DERLY!  OTHER SIGN TO THE DISEASE (  19A, DATE O  UNDERLYING UNDERLYING UTING CA	OR CONDITIONS, IF A HE ABOVE CAUSE (A) S ING CONDITION LAST.  III GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSIN OF OPERATION [198. COI	ANY, GIVING STATING THE SCONTRIBUTIN ELATED TO T G IT. NOTITION FOR N RFORMED	NG HE Arter	20 A. AUTOPSY	P (Yes or No) 20 B, IF YES, IN CERTIFYI	, WERE FINDINGS ING CAUSES OF	CONSIDERED DEATH?
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Such

	CEASED		4		AND HOUR OF DEATH	
3. PLACE OF DE	mes Henry Bru ath in Baltimore, Ma	RYLAND		4. USUAL RESIDENCE (V	14, 1966 Where deceased lived. If	institution; residence before admissi
FULL NAME ( HOSPITAL OR INSTITUTION	OF (If not in hospital oddress or location		re street		outside city limits, write	BURAL and give township)
00				Baltimore D. STREET ADDRESS	(If rural, give location)	
343				3435 Paton		
Male	Colored	Marrie	-	8. DATE OF BIRTH Feb. 15,1891	9. AGE (In years last binhday)	If Under 1 Yi. If Under 24   Months Doys Hours Min
	working fife, even if retired)		ough School	Randalls town		12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN		
Moses	A. Bruce			Annie I	Vaters	
5. Was Deceased Yes, no or unknow	d Ever in U. S. Armed Far n) (If yes, give war ar date	s of service)	6. SOCIAL SECURITY NO. 212-26-3763	Mrs. Frances	B. Bruce -	3435 Paton Ave.
18. //	Q X I	-		OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DIE	RECTLY				ONSET AND DEATH
(This does	LEADING TO DEATH	dvice or	(A) CA	RCINOMA O	F THE LUI	VG
hearl failure	, oslhenio, elc. Il meons	the diseose,	00110			
injuly of co	mplication which coused  ANTECEDENT CAUSES		(B)			
DISEASES	OR CONDITIONS, if		DUE TO			
rise lo Il	ne above couse (A)		(C)			
UNDERLYIN	G CONDITION lost.					
	II.	ONTRIBUTING				
E TO THE D	VIFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I	ATED TO THE				
TO THE DISEASE OF		TED TO THE	HICH OPERATION	20 A. AUTOPSY? (Yes o	No) 208, IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
TO THE IDISEASE OR 19A. DATE OF CONTRIB	DEATH BUT NOT RELA CONDITION CAUSING I FOPERATION 198. CON	TED TO THE	LACE OF INJURY (e.g.	in or about 21C. WHERE DII office bldg.,	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
TO THE DISEASE OR 19A. DATE O	DEATH BUT NOT RELA  CONDITION CAUSING I  FOPERATION 198. CON WAS PER  ENT WAS UNDERLYING UITING CAUSE OF	TED TO THE IT.  DITION FOR WIFFORMED  218. P home, etc.)	LACE OF INJURY (e.g., farm, factory, street,	in or about 21C. WHERE DII NJURY OCCUR	IN CERTIFYING C	AUSES OF DEATH?
TO THE IDISEASE OR DISEASE OR 19.A. DATE OF	DEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF Ty medical examines	TED TO THE IT. IDITION FOR WIFORMED  218. P home, etc.)  (Hour) 21E. I While Work	NJURY OCCURRED  At Not Will  At World	in or about 21C. WHERE DII NJURY OCCUR	IN CERTIFYING C	auses OF DEATH?
TO THE IDISEASE OR DISEASE OR OR CONTRIB DEATH (noise OF INJURY (APPROX.)	DEATH BUT NOT RELA CONDITION CAUSING IF OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF (y medical examiner)  (Month) (Day) (Year)  y that (1) (this hospite)	TED TO THE IT.  IDITION FOR WIFORMED  218. P hame, etc.)  (Hour) 21E. I While Work	NJURY OCCURRED  At Not Will At Word  Addressed from	in or about 21C. WHERE DII office bldg., INJURY OCCUR	IN CERTIFYING C (If in Baltimo	ore City, give exact location)
TO THE DISEASE OR DISEASE OR 19.A. DATE OF CONTRIBUTION OF CONTRIBUTION (APPROX.)  21.A. ACCIDION OR CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.)  22. I certify that (I) (week)	DEATH BUT NOT RELA CONDITION CAUSING FOPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examines  (Month) (Day) (Year)  y that (1) (this baspite)	TED TO THE I  IDITION FOR WIFORMED  218. P hame, etc.)  (Hour) 218. I While Wark	NJURY OCCURRED  At Not Will  At Wood  Accessed from  OC 70 BG-R	in or about 21C. WHERE DII office bldg., INJURY OCCUR	IN CERTIFYING C  (If in Baltimo	ore City, give exact location)
TO THE DISEASE OR DISEASE OR 19.A. DATE OF CONTRIBUTION OF CONTRIBUTION (APPROX.)  21.A. ACCIDION OR CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.)  22. I certify that (I) (week)	DEATH BUT NOT RELATION CAUSING A CONDITION CAUSING CAUSE OF CONDITION CAUSING CAUS	TED TO THE I  IDITION FOR WIFORMED  218. P hame, etc.)  (Hour) 218. I While Wark	NJURY OCCURRED  AI Not Windows  At Word  At Word	in or about 21C. WHERE DII office bldg., NJURY OCCUR	IN CERTIFYING C  (If in Baltimo	ore City, give exact location)  19  23B. DATE SIGNED
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VS 150-REV. 1/1/65

ADDRESS W. North Ave.

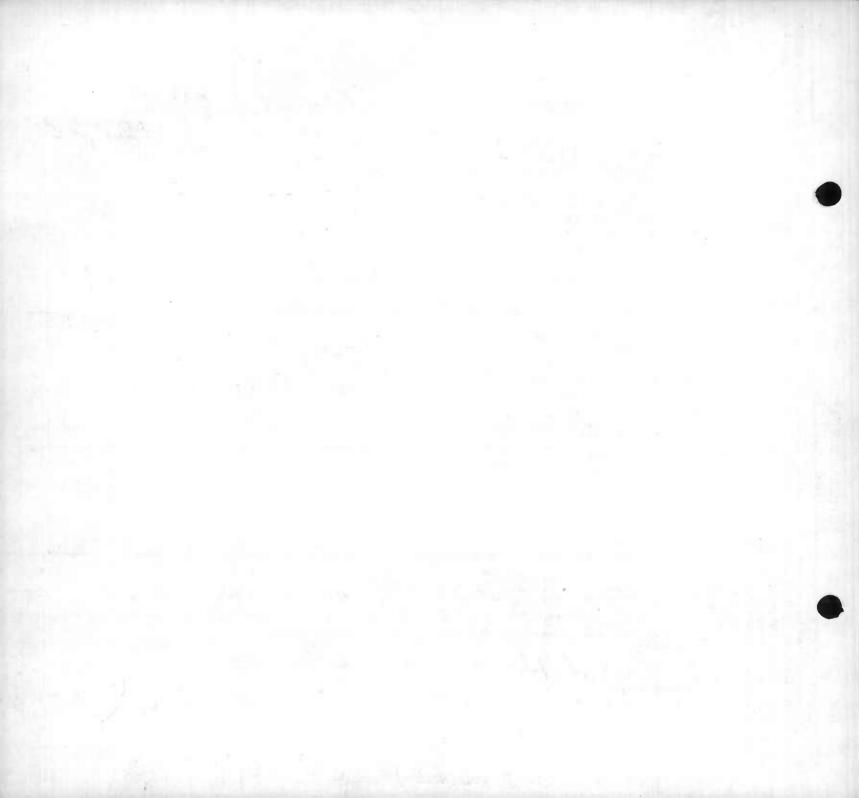
SERVICE OF THE SERVICE SERVICES

11/1	00 10-		BALTIMORE CITY	HEALTH DEPARTMENT		00 10500
WITH NO.	66 105	90	CERTIFICA	TE OF DEATH	Registered No.	66 10590
A.E. CASE NO.	CEASED				ND HOUR OF DEATH	
Type or Print)		• Commill				66 1 7:30
. PLACE OF DE	Carri	ARYLAND		4. USUAL RESIDENCE (Wh	ere deceosed lived. If in	7:30 p. M. stitution: residence before odmission)
				A. STATE B. COU	NTY .	
FULL NAME (	OF (If not in hospite oddress or local	ol or institution, give	street	Maryland	nested a star fireface . The I	RURAL and give township)
INSTITUTION		t Hospita	1		utside city limits, write	ACKAL ond give township?
-0		ision Str		Baltimore, D. STREET ADDRESS (	f rurol, give location)	13-000
39		e, Maryla				
. SEX	6. RACE	7. MARRIED, NE		LaPlaza Nur	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
		WIDOWED, D	DIVORCED (specify)	Nov 30, 1878	lost birthdoy)	Months Doys Hours Min.
Female	Negro	Divorc			97 yrs.	12. CITIZEN OF
	working life, even if retired	1) //	_ / /		,	WHAT COUNTRY?
Teach	CR	Toblic	Jehool	Washington,		U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	AME	
	Sn	11/4		HUMA V.	5 lew AKI	/
5. Was Decease	d Ever in U. S. Armed I	orces? 16	SOCIAL	17. INFORMANT		. ADDRESS
K/D	nitt yes, give wor or o	oles of selvice/	SECURITY NO.	Mo Most F.	4x 6405	11. In ST Glash DI
1B. )			CAUSE O	DE DEATH	47 6100	INTERVAL BETWEEN
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DISEA	LEADING TO DEAT		CA	of the cervix	for advance	h.
	not mean the mode		DUE TO	OI CHE CELVIX	rar advance	<b></b>
	, asthenia, etc. It mea mplication which caus					
	ANTECEDENT CAUS	ES	(B)			00 mm
DISEASES	OR CONDITIONS, is	f any giving	DUE TO			
rise to It	ne above cause (A		(CI	. 2000 02 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		^^^^
UNDERLYIN	G CONDITION last.					
Z		CONTRICUTION				
E TO THE	DEATH BUT NOT RE	LATED TO THE				
	F OPERATION 198. CO	ONDITION FOR WHI	ICH OPERATION	20 A. AUTOPSY? (Yes or h	No) 20B. IF YES. WERE	FINDINGS CONSIDERED
19A. DATE O		ERFORMED	TOTAL CONTRACTOR		IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDE	ENT WAS UNDERLYING	21 B. PL	ACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Baltimore	e City, give exact location)
OR CONTRIB	UTING CAUSE OF y medical examiner	home,	form, foctory, street, o	ffice bldg., INJURY OCCUR?		
U	(Month) (Doyl (Yes	orl (Hour) 21E. IN	IJURY OCCURRED	21F. HOW DID IN	111107 0 001103	
S OF INJURY	(Month) (Doy) (led	While			IJURY OCCUR:	
(APPROX.)		Work	At Work			
22. I certify	y that (1) (this hospi	tal) attended the	deceased from Al	igust 30, 1966	19 to Oc	tober 7, 1966
that (I) (we	) lost sow the deced	sed olive on	October 7	19 66 and 1	hot in (my) (our) opi	nian deoth accurred an the dote
				view the body ofter death		
23A. SIGNAT			, (5,4) (5,4)	· ·	•	23B. DATE SIGNED
	Murall	to m	well M.D. Att	ending Med.	Stoff Phys.	October 11, 1966
22.C PHYSICI	ANE	//	Phy	23D. ADDRESS	Phys.	October 11, 1900
PHYSICI,	Type)			TOO. MDDKE33		
	Virgilio		M.D.	1514 Divisio		
REMOVAL	(Specify) 24B. DATE	24C. NAM	E of CEMETERY of CR	EMATORY 24D.	LOCATION (C.	ity, town, or county) (State)
BUKIAI	10/15	166 MT.	HUHORA	y Cem. F	1, Fl, (00	wlx
25A. DATE REC'I	BY HEALTH DEPT.		REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
	OCT 20 198	10 Colores	E NICHEUMA	HARGERT,	NOTTER 300	35 W. NORTH Are
VS 150-REV. 1/1.	/65			1		

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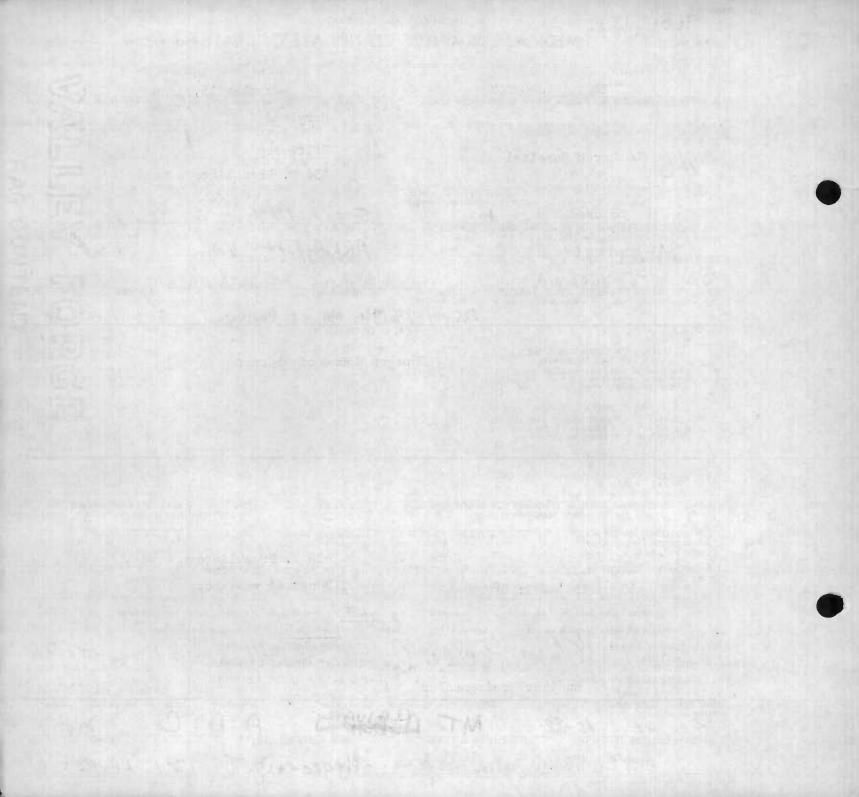
BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
CARDOVA JACKS	October 20, 1966 1:10 PM M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)  B. COUNTY  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	Baltimore / ) - 05
City Hospital	D. STREET ADDRESS (If rurol, give locotion)
ofty mospital	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr, If Under 24 Hrs.
WIDO WED, DIVORCED (specify)	lost birthdoy) Months, Doys, Hours, Min.
Male Negro Marrie	March 1900 64
done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Steel WOLKER	D.C.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Truis Jacks	Henrietta Richards
18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
\$13.0 \212	
1B. CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
(A)	iosclerotic cardiovascular disease
(This does not mean the mode of dying e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	200 A AUTOROX (V NAV 200 IE VEC WERE EINDINGS CONSIDERED
WAS PERFORMED	NO 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
O UNDERLYING OR CONTRIB-	office bldg. INJURY OCCUR?
UINDERLYING OR CONTRIB-	
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE
22.	rapsy and that an this basis, death in my opinion
resulted from: Natural causes X Accident Suicid	
13 1 1 A A COLOR	CHIEF MEDICAL EXAMINER
ACTUAL Charles J. Santum.D	ASSISTANT MEDICAL EXAMINER
EXAMINER'S Charles S. Springate, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER October 21, 1966
23A, BURIAL CREMATION, 23B, DATE 23C. NAME of CEMETERY	CREMATORY 23D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	Ballin - mal
Sand 10-22 00 10 alis	24C. FUNERAL DIRECTOR ADDRESS
24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C. UNERAL DIRECTOR ADDRESS
OCT 24 1966 P. D. R.E. Fallema	3 10 hi 0 1: 1+ 270. 82
VS 151-REV. 1/1/65	Mariana - 100 comments



(Type or Print)	Sim	ON	FA	RMER		2551251455 (14)	0/17/0	66	645
FULL NAME HOSPITAL O INSTITUTION	OF (If not in ) R oddress or	E CITY	stitution, gu		A. STATE MARY C. CITY C BALT	LAND  TOWN (IF o	ere deceased lived. INTY  utside city limits, wri	Ba ite RURAL ond give	e township)
31	BALT IMOR	E, MARY	ILAND	21224	230C	OTTAGE AV	E. #21222		
5. SEX MALE	6. RACE NEGRO	7. N	MARRIED, NO MARR	DIVORCED (specify)	8. DATE 0	-20-1884	9. AGE (in years lost birth day)	If Under 1 Y Months Doy	s Hours
	of working life, even if		KIND OF	BUŜINESS OR INDUSTR	VIR	GINIA  ERS MAIDEN NA		U.S.	
ISAAC F	ARMER	mned Forces?		6. SOCIAL	LUC			ADI	DRESS
NO NO	wn) (II yes, give wa	or dotes of		SECURITY NO. 217-22-586	RECO	RDS: BCH	4940 EASTE	ERN AVENUE	#2122
18.4	3,01				OF DEATH			INTE	RVAL BETW
heort foilu injury or c	LEADING TO I s not meen the m re, osthenio, etc. It omplication which ANTECEDENT C OR CONDITION	mode of dyin II meons the coused deol CAUSES	diseose, th.)	(B) (B) CO	omple Doma	TE HEA	PREST PRI BLOCK	K (6	mo
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BIRTH NO	).	MED	ICAL EX	AMINER'S C	ERTIFI	CATE OF I	DEATH Regi	stered Na	10594
M.E. CAS	E NO.								4 007
1. NAME	OF DECEASED					2. DATE AN	D HOUR PRONOU	NCED DEAD	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MELV	IN .	JACKSON				ber 15, 1		2:45 P M.
3. PLACE	IN BALTIMORE,	MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL A. STATE			in stitution: resi	dence belore odmission
FULL NA HOSPITAI	OR ADI	NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	C. CITY	Maryland OR TOWN (If outside	e corporate limits	write RURAL o	nd give township)
1143111011		eran Hos	nital			Baltimore	1.0	0-6	160
4	Hucin	eran nos	picai		D. STREE	856 N. Fra		Road	
5. SEX	6. RACE	-	7. MARRIED, I	NEVER MARRIED	B. DATE C	OF BIRTH	9. AGE (In year lost birthdoy)	ors If Unde	TYr. If Under 24 Hrs. Doys ( Hours , Min.
Male	Co	lored	WIDOWED, D	NORCED (specify)	5 -	9-1936	27	retollints	l l l
			NOB KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHI	PLACE (State or foreig	n country)	12. CITIZ	
done durin	g most of working lif	o, even if refired)			ARI	PINIGTON	1/4	WHA	AT COUNTRY?
13. FATH	R'S NAME	072		Type Level 1	14. MOTH	ER'S MAIDEN NAM	E		13,77
5/40	c. Il twi	rackson	^		Con	nie M. 2	ackson		
	DECEASED EVER			16. SOCIAL	17. INFOR		14.00.00	ADDRES	S
(Yes, no or	unknown (If yes,	give wor or dot	es of service)	SECURITY NO.	rakk A	10: 0 .		2114	Vine ST.
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(TI	is does not meer art foilure, osthenic			DUE TO	uii wou	ild OI Abdon	ICII		
inj	ury or complication	which coused	deoth.)						
	ANTECE	NDENT CAUS	ES						
	SEASES OR COM	NDITIONS, IF	ANY, GIVING	DUE TO	• • • • • • • • • • • • • • • • • • • •				
	E TO THE ABOV		TATING THE						
Z				(C)			***************************************		
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19 7	DATE OF OPERA	WAS PE		VHICH OPERATION	20 A. A		IN CERTIFYING C		EATH?
₹ 21 A	EXTERNAL CAUS	E WAS	21R P	PLACE OF INJURY (e.g.,	in or about	Yes	(If in Boltimore City	, give exact I	Yes
OUND	ERLYING OR CO	NTRIB-	home,	form, factory, street,	office bldg.,	INJURY OCCUR?		, , , , , , , , , , , , , , , , , , , ,	
W   W				Home		856 N. Fra		Road	
OF IN	TIME (Month)			E. INJURY OCCURRED		Deceased w			
(APP	ROX.) 10	15 '66	2:00P w	ORK AT V	WHILE X	Deceased w	as silve		
22.	I certify that	t I held an	Inquiry 🗌	Inspection Au	stapsy X	and that on th	is basis, death i	In my apinia	in
	resulted from	n: Natoral co	uses A	ccident Suicid		Homicide K	Undetermined ma	nner	
		1/11	1 7	1	-	IEF MEDICAL EX			
1	ACTUAL	VOI	XIOT	Au Gall		ANT MEDICAL E			DATE SIGNED
	SIGNATURE	1-16	July 0	The state of the s	J 0	ATE MEDICAL E			
	EXAMINER'S NAME (Type)	Rudig	ger Breit	tenecker	ASSUCI	ATE MEDICAL E	AAMINER		10/16/66
23A. BUI	NAL CREMATION	, 23B, DATE	230	O. NAME OF CEMELERY	or CREMAT	ORY 23D. L	OCATION	City, town, or	county) (Stote)
KEMOVA	(L (Specify)	10-20	- 10/2	MIT. Ch	+101	2	A. A. (	Δ.	Md.
24A. DA	TE REC'D BY HEA	LTH DEPT.	24B, NAME	OF REGISTRAR	24C.	FUNERAL DIRECTOR		- /	ADDRESS
	000 0	4 4556		0 4.0	11	N			1 0
	OCT 2	4 1966	R.lab!	E stauture	- Ma	REPORTUR	el 17	01 1	AURENS.
VS 151-1	REV. 1/1/65	879	4			0			



MRTH NO. 66 10595		DATE AL	ND HOUR OF DEAT	H
Type or Print) Addie Thack	on		18-66	
B. PLACE OF DEATH IN BALTIMORE, MARYLAND	.01	4. USUAL RESIDENCE (Whe	ere deceased lived. If	institution: residence before odmissio
		A. STATE B. COUN	NTY	
FULL NAME OF (If not in hospital or institute oddress or location)	tion, give street	Maryland		
INSTITUTION Provident Hos	pital		itside city limits, write	RURAL and agive township)
1514 Division		Baltimore, D. STREET ADDRESS (IF	rurol, give location)	Section .
37 Baltimore, Ma		1405 Etting		
WIDO	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
Female Negro S	ingle	3-28-19/6	50 yrs.	
Female Negro S  OA, USUAL OCCUPATION (Give kind of work 108, KIN one during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
	employed	South Caroli	ina	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME_,	
(2000 y)	2 -	1/100	Karks	1
Wos Deceased Ever in U. S. Armed Forces?	16 505141	17. INFORMANT	Cook	ADDRESS
es, no or unknown) (If yes, give wor or dotes of serv	security NO.	17. INFORMANI		WDDKE22
no -	none	Mrs. Brown	(Sister)	511 Luzerene Ave
18. 4. 3 4 11	CAUSE C	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			P	ONSET AND DEATH
LEADING TO DEATH	(A)	Conjection &c	art fair	are .
(This does not mean the made of dying, heart failure, osthenia, etc. It means the disc	e.g., DUE TO		0	one day in
injury or complication which caused death.)		U		0
ANTECEDENT CAUSES	(8)	·····		lospital
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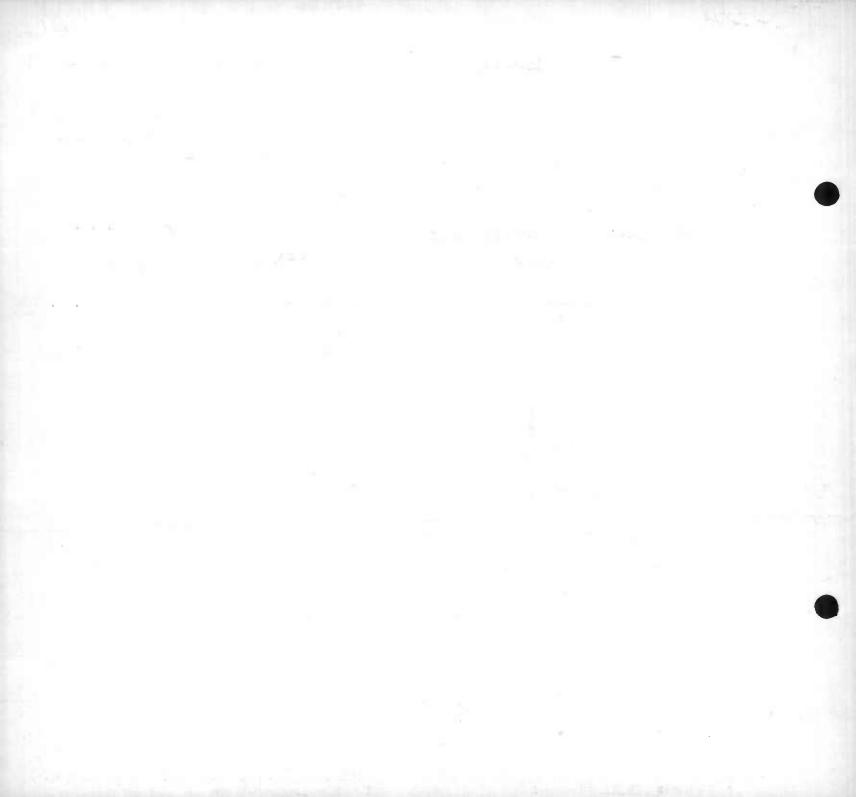
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	00 1000	10	BALTIMORE CITY	HEALTH DEPARTMENT		00 10000
BIRTH NO. M.E. CASE NO.	66 1060	JU	CERTIFICA	TE OF DEATH	Registered Na.	66 10600
NAME OF DEC				2. DATE AND	HOUR OF DEATH	
			SULLIVAN	10/	21166	3.10 PM
ERTI	FICATE		ENDED	A. STATE B. COUNT	deceosed lived. If in Y	stitution: residence before odmissi
HOSPITAL OR	oddress or tocotion	n)	give street 11-3-66	C. CITY OR TOWN (If outs	ide city limits, write I	RURAL and give township)
INSTITUTION				BALTIMORI		12-01
UNIO	U MEMORIA	- HOSI	PITAL	D. STREET ADDRESS (If re		1 2 1
<b>ル</b> サ				814 WEST 3	31th. STRE	EET
SEX	6. RACE		, NEVER MARRIED	8. DATE OF BIRTH	. AGE (In years	If Under 1 Yi. If Under 24 F Months: Doys Hours Min
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3. FATHER'S NAA		_		14. MOTHER'S MAIDEN NAM		
AUGUS	TUS BOOM	ENE /	BOWEN	KATE - U	NKNOWN	
5. Was Deceosed Yes, no or unknown	Ever in U. S. Armed For	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			?	IRMA M. STEN	1-814 W 3	7 d 5 T,
18.// 0	2.7		CAUSE O	DEATH		INTERVAL BETWEEN
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OR CONTRIBL	NT WAS UNDERLYING DIING CAUSE OF medical examiner	21 ho etc		n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Baltimore	e City, give exact location)
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		ted abave.	(1) (We) (did) (did nat) v	iew the bady after death.		
23A. SIGNATU	RE. J. O. W.	- 1				23B. DATE SIGNED
Ju	lich D. Da	rdsee	M.O. Atte	ending Med.	Stoff Phys.	10/21/66
23 C. PHYSICIA	.N'S			23D. ADDRESS	,	
JÛD I	TH D. GARDI	IER	M.D.		MORIAL HO	SPITAL
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Pikesville

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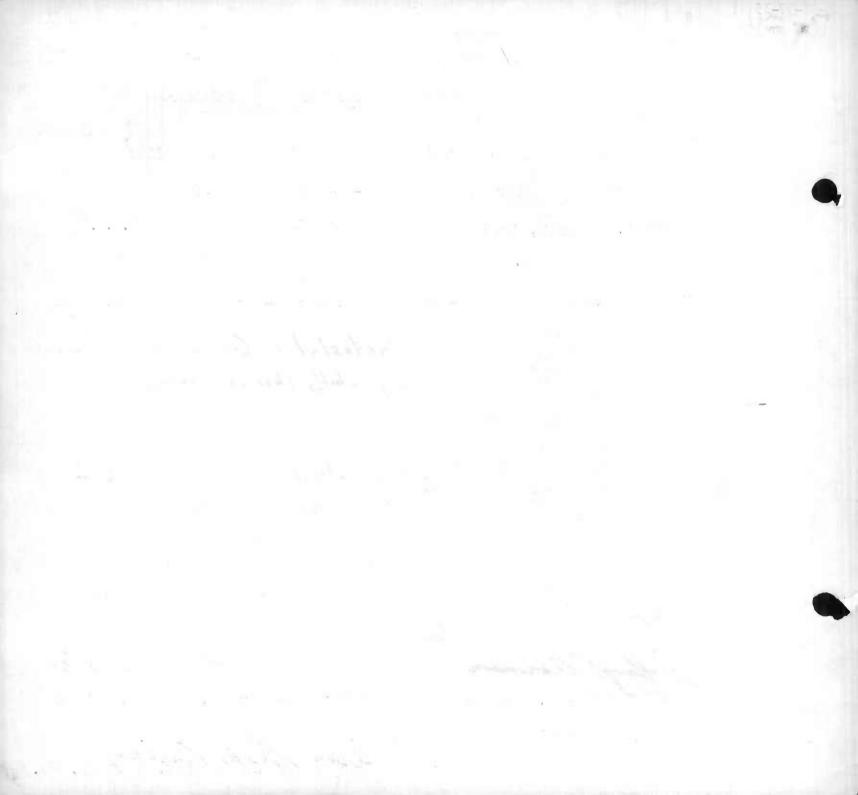
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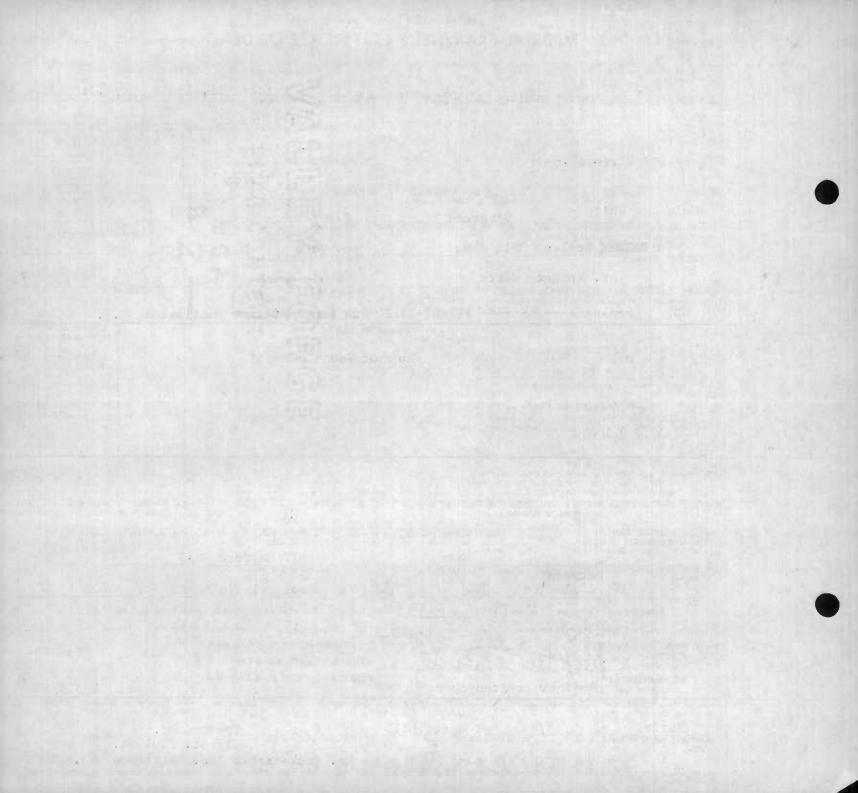
Letter from Union Memorial Hospital 11-3-66 M.H.



BALTIMORE CITY HEALTH DEPARTMENT						
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CC	10202	BALTIMORE CITY P	EALTH DEPARTMENT	00	1111111
TH NO.	MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH Registered No. 6	1000

DIKI	n NO.		MILDI	CAL LA	AMIII TEN O CE		LOIL	LAIII			
M.E	CASE NO.										
1. P	NAME OF DEC	CEASED					2. DATE AND	HOUR PRONOUNCE	ED DEAD		
/ !		JAMES			WATTS		Octob	er 15, 1966		11:35	А м.
3. P	LACE IN BALT	TIMORE MARY	AND, WI	HERE PRONOU	NCED DEAD	4. USUAL RESID	ENCE (Where	deceosed lived. If insti	itutian: resi		
						M. M.	aryland	B. COO	1411		
FUL HO	L NAME OF	(IF NOT IN	OR LOCA	L OR INSTITUTION)	TION, GIVE STREET	C. CITY OR TOW	VN (If outside	e corparate limits, write	RURAL	nd give townsh	ip)
IN S	TITUTION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				D	-7		) .	and File	2
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1	0 491/	Harford	Koad			D. STREET ADDR				-	
(	10					4.	917 Har	ford Road			
5. S	EX	6. RACE		7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	1	9. AGE (In years lost birthday)		Days   Haurs	
	Male	White			DIVORCED (specify)	0 100 15		<b>X</b> X 51	1	1	1
			ind of work	DIVO	rced BUSINESS OR INDUSTRY	2/20/1	State or foreign		12. CITIZ	FN OF	-
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		KXXXX Be	ealer	Coin S	hop	New Yor	k		USA	A	
13. 1	FATHER'S NAN	AE				14. MOTHER'S M.	AIDEN NAMI				
		F. K	ennet	h Watts		Abbie	Beam				
15.1	WAS DECEASE	D EVER IN U.S			16. SO CIAL	17. INFORMANT		. k	ADDRES:	S	
	, no or unknawn	(If yes, give w			SECURITY NO.		melli	= -			
	No				111-01-7312	Mrs Bruc	e Melli	sh Huntingt	on, N	.Y.	
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EDICAL	UTING LCAU	ISE OF DEATH.		etc.)	Home	4	917 Har	ford Road			
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234	BURIAL CRE	. / F - /	DATE		C. NAME OF CEMETERY O	CREMATORY	23 D. 1	OCATION (City,	, tawn, ar		State)
	MOVAL (Specif			23		. January Ri			.,		
	Buria	1 1	0/19/	66 P	rospect Hill			Towson, Md			
24/		BY HEALTH C			OF REGISTRAR	24C. FUNER	AL DIRECTOR	Towson, Md 1217 St. Pa	117 S+	ADDRESS	
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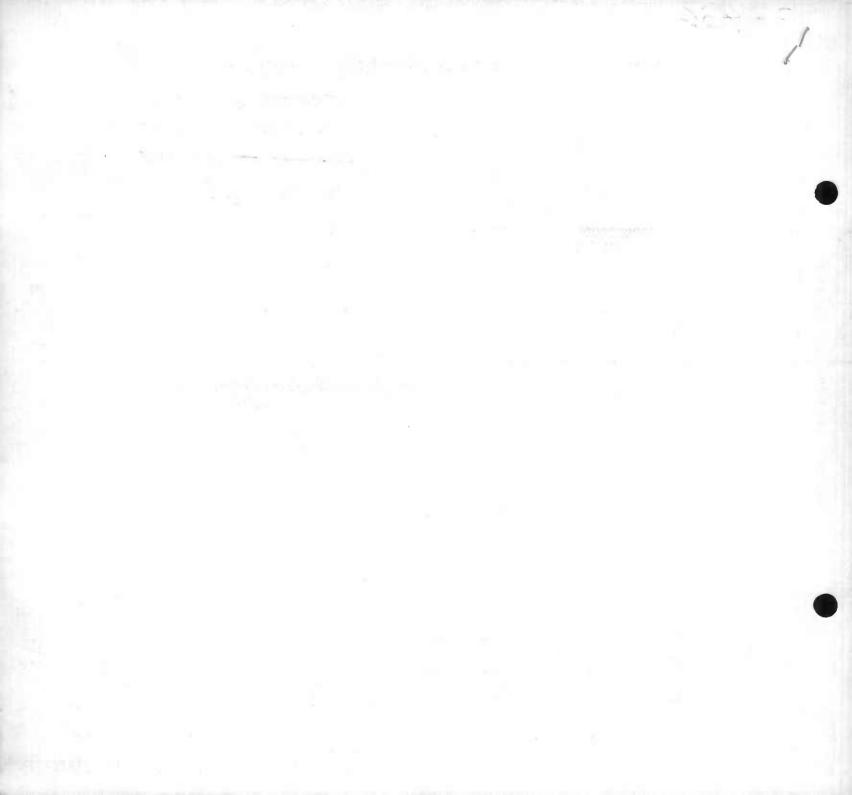
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If Under 24 Hrs.

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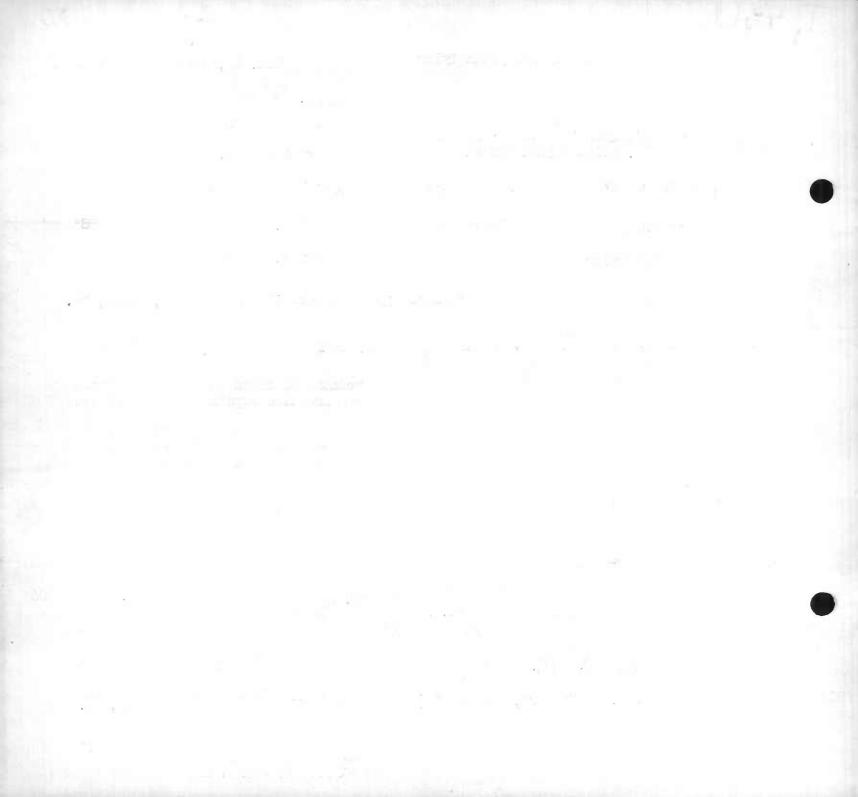
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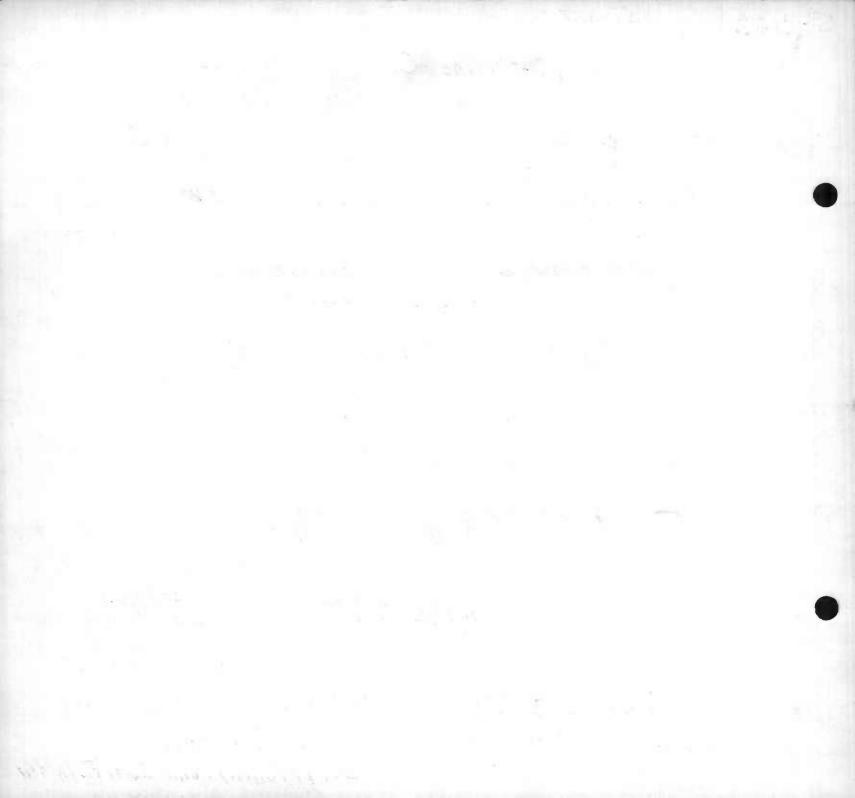
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66 10606 Registered Na.. CERTIFICATE OF DEATH BIRTH NO. the Such cause; (5) Deceased M.E. CASE NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 10/22/66 6.45 P.M.
4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) timor write RURAL ond If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS \$T. AGNES RECORDS WILKENS & CATON AVE. INTERVAL BETWEEN ONSET AND DEATH 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 66 and that in (XXX (aur) apinian death occurred an the date 23 B. DATE SIGNED 10/22/66 written approval CATON (City, town, or county) (Stote) eceased shows: 35B. NAME OF REGISTRAL Was

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1,1	TH NO. 66 10608 CERTIFICA	2. DATE AND HOUR OF DEATH	, C.,
3.	PLACE OF DEATH IN BALTIMORY MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If ins	titution: residence before
	FULL NAME OF (If not in hospital ar institution, give street	maryland	
	HOSPITAL OR address or lacotion) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RI	JRAL and give towns
1	Montebello State Hospilal	D. STREET ADDRESS (If turol, give location)	and the same of th
		424 Jusedo St.	
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years last birth)	If Under 1 Yr. If Manths Days Hou
102	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTI	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	12. CITIZEN OF
	ne during most of working life, even if retired)	maryland	WHAT COUNTR
13.	Wasters FATHER'S NAME	14. MOTHERS/MAIDEN NAME	205.1
	John Rasadge		
15.	Was Deceased Ever in U. S. Armed Forces! 16. SOCIAL	17. INFORMANT Records.	ADDRESS
116	s, no or unknown) (If yes, give wor or dotes) of service) SECURITY NO.	Hospilol Records.	
		OF DEATH	INTERVAL B
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Graden D. 78 Rose O-	
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	heart failure, asthemia, etc. It means the disease, injury or complication which caused death.)	a milaskers to spene	V
	ANTECEDENT CAUSES (B)		
	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the (C)		
	UNDERLYING CONDITION lost.		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
FICA	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FI	INDINGS CONSIDERE
CERTIFIC	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF THURY (e.g. or CONTRIBUTING   CAUSE OF   CA	100	
AL C	OR CONTRIBUTING CAUSE OF home low the form	, in or about 21C. WHERE DID (If in Boltimore office bldg., INJURY OCCUR?	City, give exact locat
U		21F. HOW DID INJURY OCCUR?	
MEDI	OF INJURY (APPROX.) While At Not W	hile	
	22. I certify that (I) (this hospital) attended the deceased fram		19/66
	that (I) (we) last sow the deceased alive an 10/19/66	19 and that in(my) (our) opin	
	and haur and fram the causes stated abave. (1) (We) (did) (did nat)		
	23A. SIGNATURE		23B. DATE SIGNED
	Vancel I. Mac	hys. Director Stoff Phys.	19/19/66
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	. /
24	A. BURIAL CREMATION, 1248, DATE 124C, NAME of CEMETERY or C	. 230/ argonne Trens Bullo	must som
-	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	REMATORY (City	, lown, or county)
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR'S	Cemetery 19911 MUY	ADDRES
	OCT 24 1966 R.O. F. E. Farbur	Durget Funevall to her	3631 FAI
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PA .	00 100:0	BALTIMORE CITY	HEALTH DEPARTMENT		66 10612	
	RTH NO. 66 10612	CERTIFICA	TE OF DEATH	Registered No	00 10015	
1	N.E. CASE NO.		2. DATE AND	HOUR OF DEATH		
(	'ype or Print) Marrick Bo	rtha Mac	Oct	21 1816	1 CP M	
3	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If instit	ution: residence before odmission)	
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION		margland	, ide city limits, write RUI	RAL and give township	
1	36	0	Baltimore		6-07	
	Franklin Square	D. STREET ADDRESS (If rurol, give locotion)  23/ N. Manyoe St.				
100	WIDO	NED, NEVER MARRIED (Specify)		AGE (In years ost birthdoy)	f Under 1 Yr. If Under 24 Hrs. Aonth's Doys Hours Min.	
	DA. USUAL OCCUPATION (Give kind of work 10B. KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF	
9	one during most of working life, even if retired)		Delamano	2	WHAT COUNTRY?	
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E.	415,	
	Allort Decarious	9	m. will	4		
Ĭ	5. Wos Decedsed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	e	ADDRESS	
	(es, no or unknown) (If yes, give wor or dotes of sejfvi	security No.	Hospital 1	chart.		
1	18.416 X	CAUSE O	F DEATH	= 10	INTERVAL BETWEEN ONSET AND DEATH	
ı	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	aru	Te and elera	me byol	1-10-30 day	
	(This does not mean the made of dying,		D. J- Will.	V.,		
	heart foilure, asthenia, etc. It means the dise injury or complication which caused death.)	ose,	urius, cuyqu	se coupe	Sestece	
	ANTECEDENT CAUSES	(B)	1047	f	***************************************	
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4	UNDERLYING CONDITION lost.		V/HP.			
	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				, and the second	
	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIN	DINGS CONSIDERED	
1	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID	(If in Boltimore C	City, give exact (acation)	
	21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?		
	OF INJURY (APPROX.)	While At Not While		A. OCON:		
1		Work At Work				
	22. I certify that (I) (this hospital) attend	0.1	9 - , /	66.10		
	that (1) (we) lost sow the deceased alive			t in (my) (our) opinio	on deoth occurred on the dote	
	ond haur and from the couses stated above	e. (1) (We) (did) (did not) v	iew the body ofter death.			
	23A. SIGNATURE	M.D. Atte	ending Med. S	Stoff 2	38. DATE SIGNED	
	The Buyerers	Phy	s. Director P	hy s.	OCT. 21 1306	
	23C. PHYSICIAN'S NAME (Type)	, e P M.D.	23D. ADDRESS	do sou	una Haspital	
	4A. BURIAL CREMATION, 24B. DATE / 24	C. NAME of CEMETERY OF CRI	MATORY 124D 10	CATION / City.	town, or county) (Stote)	
	REMOVAL (Specify)	A DO A DENTER OF CRI	0 1	O'colly.	town, or county) (Stote)	
	SA, DATE REC'D BY HEALTH DEPT.  258. NA	ME OF REGISTRAR	25C, FUNERAL DIRECTOR	lives	Deliver 1	
	47	BCP Falleuma	TORERAL DIRECTOR	1211	- Caller M	
- 11-	S 150-REV. 1/1/85	T.E. MONDEUP BIR	OHOS MA POR	von 1348	Comment	



VS 150-REV. 1/1/65

Witnesselegate ander l'acc F.T. KARIK JR GOOT HARFORD Rd.

All the comment of the comment

R-152

BALTIMORE CITY HEALTH DEPARTMENT

66 10615

BURTH NO.	MEDICAL	EXAMINER 3 CI	EKTIFICATE	OF DEATH Registe	red No.			
M.E. CASE NO.								
1. NAME OF DECEASED (Type or Print)			2.	DATE AND HOUR PRONOUNC	D DEAD			
ELIZAI	BETH J	ROBINSON		October 19, 1966	9:15 A M.			
3. PLACE IN BALTIMORE, A	ARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)  A. STATE  B. COUNTY					
CERTIFIC	- A 14	LINULU	Maryland					
HOSPITAL OR ADDRESS OR LOCATION)  11-29-66			C. CITY OR TOWN (If outside corporate limits, write BURAL and give township)					
INSTITUTION		11-27-00	Balt	imore	X-U			
1000 V	V. Pratt Stre	et	D. STREET ADDRESS (If rurol, give location)					
00			1000 W. Pratt Street					
5. SEX  6. RACE	7. MARR	ED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr, If Under 24 Hrs.			
	WIDOWE	D, DIVORCED (specify)	6 10	lost birthdoys	Months Doys Hours Min.			
	Juga	cuttel	Sept 8,1	935 3031	113 (1777)			
toA. USUAL OCCUPATION ( done during most of worky/g life		OF BUSINESS OR INDUSTRY	II. BERTHPLACE (SIO	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
Electo	Lux	1. Stone	n	d ·	USA			
13. FATHER'S NAME			14. MOTHER'S MAIL	DEN NAME				
Lot wills	Rector		l'eleanor	Inither . 8				
	N U.S. ARMED FORCES?		17. INFORMANT		ADDRESS			
(Yes, no or unknown) (If yes, g	ive wor or dotes of service	security No.	X AD.	D. +10 - 2011	1 2 ot leve			
ni		413-24-0814	Likean	shillt dig	INTERVAL BETWEEN			
18. E904.4	1	CAUSE	OF DEATH		ONSET AND DEATH			
	ONDITION DIRECTLY	مديات أحدي	-1 II					
	LEADING TO DEATH Subdural Hemorrhage							
heart failure, asthenia,	(This does not meon the mode of dying, e.g., DUE TO heart foilure, asthenia, etc. It means the disease, injury or camplication which caused death.)							
ANTECEN	ANTECENDENT CALISES							
	ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO							
RISE TO THE ABOVE	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
	DINON LASI.	(C)						
2								
OTHER SIGNIFICANT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
DISEASE OR CONDI	TO THE DEATH BUT NOT RELATED TO THE BPILEOSY 3005 ATSUDIST							
OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDI		OR WHICH OPERATION	20A. AUTOPSY?	Tes or No. 208, IF YES, WERE FI				
ਹ	WAS PERFORMED		Yes,	. IN CERTIFYING CAU	Yes			
21 A. EXTERNAL CAUSE	WAS	TB. PLACE OF INJURY (e.g.,	in or about 21 C. WH	ERE DID (If in Boltimore City, gi	ve exoct location)			
UNDERLYING短OR CONUTING CAUSE OF DI		iome, form, foctory, street,	omce biog., INJURT C	CCOR?				
7		21E. INJURY OCCURRED	215 HOW	? / DID INJURY OCCUR?				
OF INJURY	(Doy) (Year) (Hour)							
(APPROX.) ?		m. WHILE AT NOT	ORK Appa	rently Fell				
22.	I held an Inquiry	Inspection Au	topsy X and t	hat an this basis, death in r	ny aninian			
resulted tram	: Natural causes	Accident X Suicid	_		er 🗌			
ACTUAL	1/1/10	()		DICAL EXAMINER	DATE SIGNED			
SIGNATURE	11/1/SUL	UN M.D	ASSISTANT MED	DICAL EXAMINER X				
EXAMINER'S NAME (Type)	Rudiger Brei	tenecker	ASSOCIATE MEI	DICAL EXAMINER	10/19/66			
23A. BURIAL CREMATION,	23B. DATE	23C. NAME OF CEMETERY	or CREMATORY		town; or county) (Stote)			
134	10 6-416	Foton Humbs.	6 tres.	Rothing	wid AHO.			
24A. DATE REC'D BY HEAL	TH DEPT. 24B, NA	ME OF REGISTRAR	24C. FUNERAL	DIRECTOR	ADDRESS A			
ORT 24	1000 0 - 0	C Fallman	0 Mg C	willy Funeral Home	3 9 901			
904 64	1300 (10 Ca)	a donoral and	7 Hother	of Elswan 140	- Hottins			
VS 151-REV. 1/1/65	1540		139	E. Fort Ave	and mat.			

Α.							
M. Idmission)							
hii D							
D. STREET ADDRESS (If turol, give locotion)							
2109 Longwood Street							
er 24 Hrs.							
t.							
ETWEEN							
DEATH							
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE							
UNDERLYING CONDITION LAST.							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR?  OF INJURY							
(APPROX.)  m. WHILE AT NOT WHILE AT WORK							
22. I certify that I held an Inquiry Inspection X Autapsy and that an this basis, deoth in my apinion							
resulted fram: Notural causes X Accident Suicide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER							
GNED							
966							
(Stole)							
Laure							

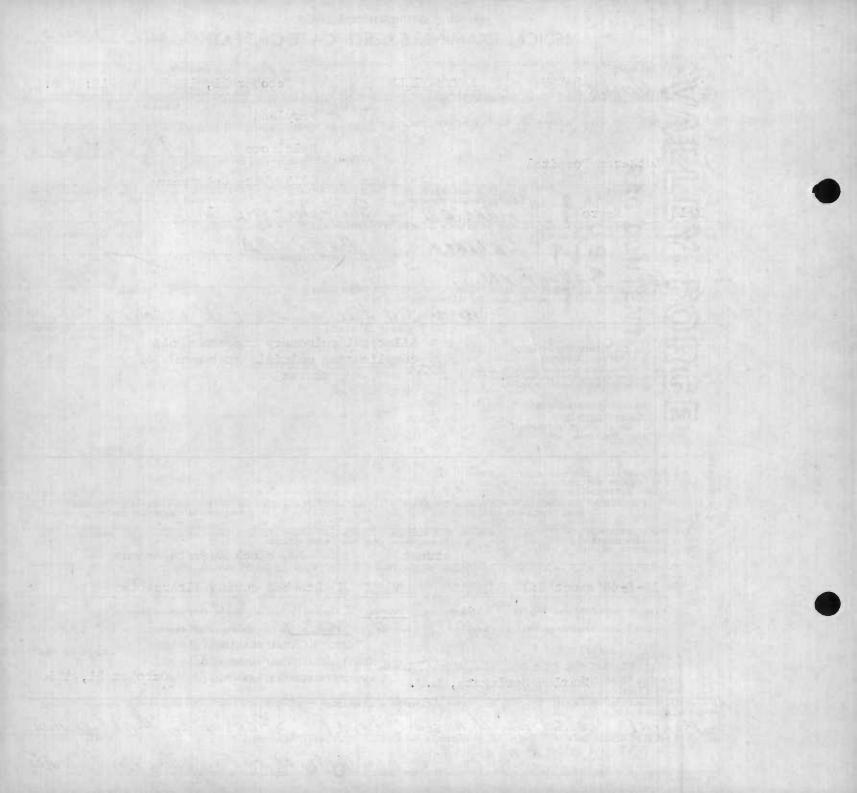
A Property Delity A Licenson Post refree conditions (1971-17-17 AND THE STATE OF T Talkerson supple and and are serve assessment as many mentions



66 10618

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 10618

BIRTH NO.	ICAL EX	MMIINER 3 C	EKTIFICAT	E OF DEATH REGIST	Bred Na.	
M.E. CASE NO.						
Type or Print) NARRY		SATTERFIELD	H. BY	October 21, 1966		
NEBUCHADNEZZER NABBY B. PLACE IN BALTIMORE, MARYLAND, W	HERE BRONOL		He HEHAL BESIDE			
S. PLACE IN BALLIMORE, MARILAND, W	HEKE PRONOL	JNCED DEAD	A. STATE	B. CO	stitution: residence before odmission)	
FULL NAME OF (IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET		ryland  N (If outside corporate limits, write	to PITPAL and give tohunghin)	
HOSPITAL OR ADDRESS OR LOCA NSTITUTION	(HON)				The street of th	
1/6				1timore /		
Lutheran Hospit	al		D. STREET ADDRE	ESS (If rurol, give location)		
/			44	33 White Oak Aven	ue	
6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.	
Male Negro	1	RRIED	SEPTEMB	- 01		
IOA, USUAL OCCUPATION (Give kind of world			Y 11. BIRTHPLACE (S	tale of foreign country)	12. CITIZEN OF	
done during most of working life, even if retired)	10	BORER	Ba16.	mi	WHAT COUNTRY?	
3. FATHER'S NAME	LH	DOKEN	14. MOTHER'S MA	IDEN NAME		
01- 5-00	1. 6. 11.	/				
5. WAS DECEASED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
Yes, no or unknown) (If yes, give wor or dote		SECURITY NO.	17. INFORMANT	00 = 1	ADDRESS	
TV TS IN SIN IN IN		150-34-2591	LOKERINE	SAMERTIELD 63	Chalwick AUE, NEWACK	
1B. — G D A V			E OF DEATH		INTERVAL BETWEEN	
DISEASE OF CONDITION DI	Bila:		teral pulmonary thromboemboli			
DISEASE OR CONDITION DI LEADING TO DEATH		comp	licating mu	ltiple stabwounds	s of	
(This does not mean the mode of	dying, e.g.,	XXXX	thor			
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)						
ANTECENDENT CAUSES				60		
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO			00000	•••••••••••	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
		(C)				
2						
THER SIGNIFICANT CONDITIONS						
TO THE DEATH BUT NOT RE		HE				
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 119B. CON WAS PER		WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 20B. IF YES, WERE F	INDINGS CONSIDERED	
UAS PER	FORMED		Yes	IN CERTIFYING CAU	ISES OF DEATH?	
21 A. EXTERNAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. W	HERE DID (If in Boltimore City, g	give exact location)	
UTING CAUSE OF DEATH.	home etc.)	, form, foctory, street,				
5		street		700 Block Augusta	Avenue	
OF INITION (MONIN) (DOY) (180)		TE. INJURY OCCURRED		W DID INJURY OCCUR?		
(APPROX.) 10-8-66 about 8	3:30 P <sub>m.</sub>	VORK AT W	WHILE X Sta	abbed during alter	cation	
22.						
I certify that I held an Inquiry Inspection Autapsy X and that an this basis, death in my opinion						
resulted fram: Natural ca	_	Accident Suicid			ier	
		1.	CHIEF ME	DICAL EXAMINER	DATE SIGNED	
SIGNATURE CHARL	3 J	Ja 2 M.D	ASSISTANT ME	DICAL EXAMINER X		
	e Spring	gate, M.D.		DICAL EXAMINER	October 21, 1966	
INAME (1996)						
23A, BURIAL CREMATION, 23B, DATE REMOVAL (Specify)	23	C. NAME of CEMETERY	or CREMATORY	23D. LOCATION (City	y, town, or county) (Stote)	
BURIAL Mc1.23	1966	LAMERN P	LAREI	PERSON P.	North Capline	
24A. DATE REC'D BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERA	L DIRECTOR	ADDRESS	
ACT 24 force	DOR	O TO	-	10-	/ /	
001 N ± 1300	4 loles 0	ic, Markey M2	7 Maria	FRYEN TUNEROL HO	OME 1701 LAURENSS!	
VS 151-REV. 1/1/65	17 100					
I V	1 1000					



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IMPORTAN

FUNERAL DIRECTOR:

approved

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 His.

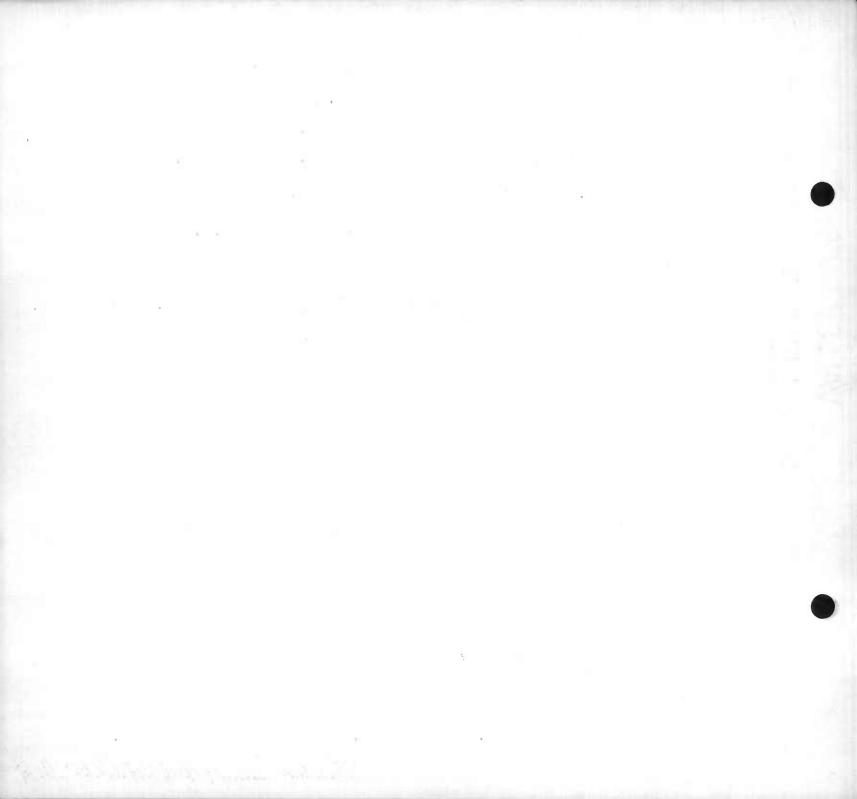
Hours !

ADDRESS

ONSET AND DEATH

ADDRESS

shows: (1) An Was VS 150-REV. 1/1/65



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THAT YAV ON MILEUR VAN DET 1 Carried State of the State of t LIVE WATER

FUNERAL DIRECTOR:

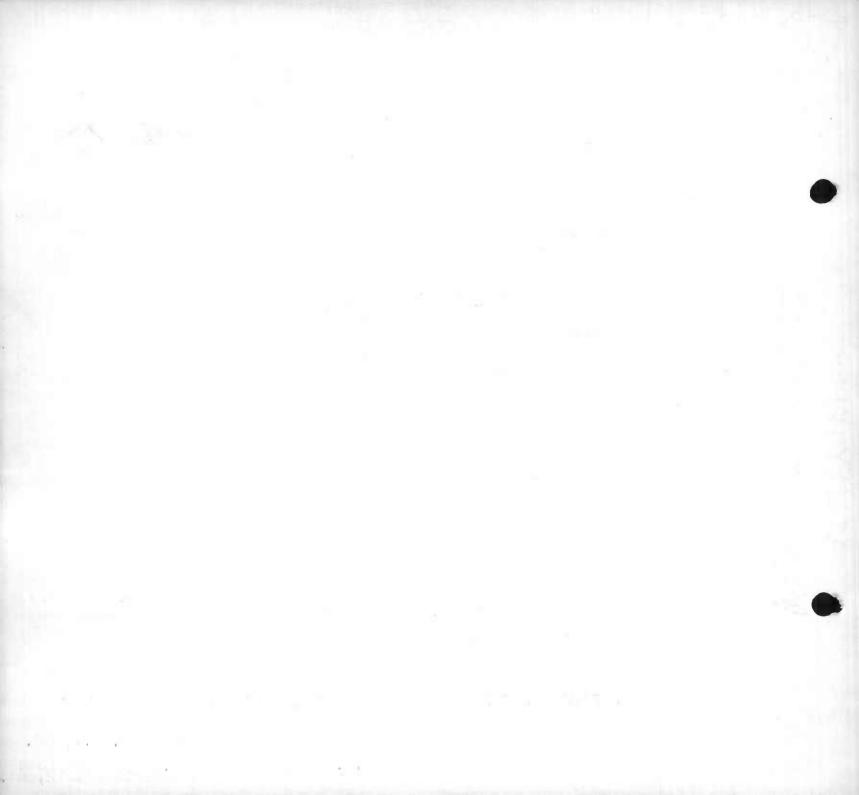
•		BALTIMORE C	CITY HEALTH DEPARTMENT		cc 10625
BIRTH NO. M.E. CASE NO.	66 1062	5 CERTIFIC	CATE OF DEATH	Registered Na	66 10625
INAME OF DEC	CEASED	100000	2, DATE AN	D HOUR OF DEATH	
		LD R. SCHE		23-66	12:30
B. PLACE OF DE	ATH IN BALTIMORE, MAI	YLAND	4. USUAL RESIDENCE (When		titution: residence before admiss
FULL NAME ( HOSPITAL OR INSTITUTION	oddress or location		C. CITY OR TOWN (If out	side city limits, write R	URAL and give township)
Oliver	ele Home	* Hospital	BALTIM		21-34
35				grol, give location)	4 WAY
S. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
	UPATION (Give kind of work working life, even if retired)	10B. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT, COUNTRY?
RETIRE	D-COUNSELOR	INSURANCE	Ta.		USA
3. FATHER'S NA			14. MOTHER'S MAIDEN NAM	ΛE	-
Ge	one Sel	ellhare	Cora	Rothros	h
5. Was Deceased	d Ever in U. S. Armed Force	es? 16. SOCIAL	17. INFORMANT Chiga		
No		056-10-53	506	ane ad.	dress)
1B. 14	2,11	CAUS	E OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DIR	ECTLY	4 . 0. 7	1 8. 1	
(7)	LEADING TO DEATH	(A) CE	rterischert	e care	of years
	not mean the mode of osthenio, etc. It means	dying, e.g., DUE TO	wascular le	isease &	
	mplicofion which caused	death.)		7 1/2	7 7 7
	ANTECEDENT CAUSES	(B)	Lynic Cruze	eline /fee	4
DISEASES	OR CONDITIONS, if a	DUE IO	Failure		
	ne obove cause (A)	// 3			
UNDERLYIN	G CONDITION last.				widow widow (   0 0 0 - m m m 0 222 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	ll l				
	DEATH BUT NOT RELA				
DISEASE OR	CONDITION CAUSING IT	•			/
19A. DATE O	F OPERATION 198. CONI	ORMED	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	
E C			No.		
OR CONTRIR	NT WAS UNDERLYING UTING CAUSE OF		g., in or obout 21 C. WHERE DID t, office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
	y medical examiner)	etc.)	, omce bidg., ittioki occok:		
OF INJURY	(Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
€ (APPROX)		White At Not Not Not Not Not Not Not Not Not No	While		
20 1				- / /	10 / - /
22. I certify	y that HT(this hospital	ottended the deceased from		96610	10/23196
that (I) (we	) last saw the decease	d alive on 10	22 1966 ond the	at in(my) (aur) apin	ion deoth occurred on the
ond hour an	d from the couses stat	ed obave. (1) (We) (did) ( <del>did no</del>	t) view the body after death.		
23A. SIGNAT	URE				23B, DATE SIGNED
Fran	vices B	altaran Ja M.D.	Attending Med. Phys. Director	Staff Phys.	10723/60
23C. PHYSICI		7 - 1-	23D. ADDRESS	44	11
I DA	Type)	BAITATAR IA	.o. Church	Home +	Hospital
24A. BURIAL CRI	EMATION, 24B. DATE	24C, NAME OF CEMETERY OF	4	OCATION (C)	to a second to
REMOVAL	(Specify)			OCATION (City	y, town, or county) (Stat
Buria]	10/26/1	.966 Druid Ridge		resville.	Balto.Co., Md
SA. DATE REC'E	BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	1	ADDRESS
	OCT 24 1966	P. O. F. E. Starbeut	H.W. Jenkins	& Sons Co	. 4905 York R

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DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



BATTER JA B Y BY

TELL ) WEEL

VS 150-REV. 1/1/65

death

D 40008 B	ALTIMORE CITY	HEALTH DEPARTMENT		00 10000
	ERTIFICA	TE OF DEATH	Registered Na.	66 10628
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  JULIA F. LINK		2. DATE AN	10 HOUR OF DEATH	6.00 A
at a second and a second a second and a second a second and a second a second and a second a second and a second a second and a second a second and a second a second and a second and a second and a second and a se			-	
PLACE OF DEATH IN BALTIMORE, MARYLAND		A, STATE B. COUN	re deceased lived. If in	stitution: residence before odmission
FULL NAME OF HOSPITAL OR oddress or location)	et	WASHINGTON		
INSTITUTION		C. CITY OR TOWN (If our	rside city limits, write	RURAL and give township)
THE JOHNS HOPKINS HOSPI	HAL	D. STREET ADDRESS (IF	rurol, give location)	1-48
33		11301 W	nusetts Ave.	N.W.
SEX 6. RACE 7. MARRIED, NEVER WIDOWED, DIVOR WIDOWED, DIVOR WIDOWED		10-28-08	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINE	SS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
ane during most of working life, even if retired)  Hou sewife				WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHERS MAIDEN NA	ME	
EDWARD M. TROLAND		HATTIE GO	VES	
5. Was Deceased Ever in U. S. Armed Forces? 16. SOC		17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service)	CURITY NO.	11 1 . 1 D		
18.	CAUSE OF	Hospital Rec	cords	INTERVAL BETWEEN
2601	CAUSE OF	DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Clro	nie kenal fai	Puro	2 years.
(This does not mean the made of dying, e.g.,	DUE TO			
heart failure, asthenia, etc. It means the disease,	11.	00 - 110	,,,,	
ANTECEDENT CAUSES	(B) Kesse	melsleif Welso	- Neckers	<i>7</i> ,
DISEASES OR CONDITIONS, if any, giving	DUE TO	melsteif - Wilson		
rise to the obove cause (A) stoling the	(C) Vear	beles melletus	0	n muu una <b>t</b> ookissis oo n o ko saasaan oo saasaa oo saasa oo soo oo
UNDERLYING CONDITION last.				
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
O THE DEATH BUT NOT RELATED TO THE	terioscher	sio - Cereber-	vasculer in	sufficients
CIDENTE ON CONTONION CONTONION		20A. AUTOPSY? (Yes or No	208. IF YES. WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH (WAS PERFORMED)  21A. ACCIDENT WAS UNDERLYING   21B. PLACE		YES	IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE		or obout 21C. WHERE DID	(It in Baltimar	e City, give exact lacotion)
OR CONTRIBUTING CAUSE OF home, form, etc.)	factory, street, aff	ice bldg., INJURY OCCUR?		
	OCCURRED	21F. HOW DID INJ	LIBY OCCUP?	
S OF INJURY	Not While		OKI OCCOR:	
(APPROX.)	At Work			
22. I certify that (1) (this hospital) attended the dece	ased fram 9	7-25	1966 to 10	0-23 1966
that (I) (we) last saw the deceased alive an	10-23	19 66 and th	at in(my) (aur) api	nian death accurred an the da
and haur and fram the causes stated abave. (1) (We) (	(did) ( <del>did not</del> ) v			
23A. SIGNATURE	4			23B, DATE SIGNED
1-1-P11 11-1	M.D. Atte	Med. Director	Stoff Phys.	10-23-66.
23C. PHYSICIAN'S	Phys	3D. ADDRESS	Phys.	10-20-66.
NAME (Type)			HODKING H	OSPITAL
CARLOS R. HAMILTO				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of (REMOVAL (Specify)	CEMETERY or CRE	MATORY 24D, L	OCATION (C	ity, town, or county) (Stotet
Burial 10/26/66 Confede	erate	F	redericksbur	rg. Va.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIS		25C FUNERAL DIRECTO	46	ADDRESS
OGT 24 1966 M. J. R. E.	taleuna	Strest o	290H4 ST	- Wash. DC



11	/	1	1
H	-	6	0
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	th. Such
	hosp	3; (5) I	o dea
	d in a	cause	rior t
	ccurre	mined	sed p
	or cor	nderer	decea
=	irect	(4) U was	n the
RTAN	ssistar the d	kind	final o
FUNERAL DIRECTOR: IMPORTANT	r his a	of any	ttenda
OR:	iner o	acture	Jar a
RECTO	exam	3) A fr	n reg
L DIE	edical	irns; (	was i
VERA	nief m	ody bu	sician
F	the ch	(2) B	o phy
	ved by	nature	(6) N (9)
	approv	f any r	); and
	ust be	dento	death
	ate mu	n acci	ior to
	ertific	(I) A	deceased prior to death); and (6) No physician was in regular attendance on the deceased provinted approach to the obtained before the remains are embalmed or final disposition is made.
	This c	shows	decea

BIRTH NO. M.E. CASE NO.	66 1062	9		TE OF DEATH		66 10629
1. NAME OF DEC (Type or Print)	1:11: S. 11	ERSCHMA ARYLAND	~	4. USUAL RESIDENCE	10 - 20 - 6 Where deceased lived, If in	G 1228 A.M nstitution: residence befare odmission)
FULL NAME ( HOSPITAL OR INSTITUTION	OF (If not in hospital address or locati		give street	c. city or town (Balto	If outside city limits, with	RURAL and give township)
42:	mai Ho	spital		230 / S	Cont Rd	
S. SEX	6. RACE	WIDOWED	NEVER MARRIED  D. DIVORCED (specify)  Married	3-6-01	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
dane during most of	UPATION (Give kind of wo working life, even if retired — Insurance	)	Business or industry Herschman Co		k City, N. Y.	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NA.				14. MOTHER'S MAIDEN		
15. Was Deceased	Ever in U. S. Armed F	orces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	R. Herschman	ADDRESS
heort foilure, injury or cor	LEADING TO DEATH not meen the mode of osthenio, etc. It meor inplication which couse ANTECEDENT CAUSI OR CONDITIONS, if e obove couse (A G CONDITION lost.	of dying, e.g., as the disease, ad death.)	(B)	reardial m	farcillo	
TO THE D	FORESTED 198. CO WAS PE	LATED TO TH		20 A. AUTOPSY? (Yes	11 No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examines	21 B. ham etc.	PLACE OF INJURY (e.g., ine, farm, factory, street, a	n ar abaut 21 C. WHERE DI	D (If in Baltimar	e City, give exact lacation)
21D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Yea		INJURY OCCURRED	e 🗀	INJURY OCCUR?	
that (I) (we	d for the couses st	sed olive on	he deceased from  10 - 19  (We) (did) (did not) v  M.D. Alle	19.66 an	d that in (my) (aur) api	238. DATE SIGNED  10 - 20 - 66
24A. BURIAL CRE REMOVAL DE BUTIA 25A. DATE REC'E	Specify)	1966 в	altimore Hebr		Baltimore.	AODRESS
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Hopki	ケナーラ	BIRT	NO.	66	Thor	of Paris	BALTIMORE CI	ATE O	F DEATI	H Registered No		
H	ath sed the uch	M.E.	CASE NO.	SED	トレノス.	4136	/ //		2. DAT	E AND HOUR OF PEAT	1	0
w	- 10 0 E	(Тур	e or Print)	ARTH	AH	ATI	HAWAY			10/21/16	7	A M.
Johns	÷ + + + + + + + + + + + + + + + + + + +	3. P	LACE OF DEATH					4. USUA	AL RESIDENCE	Where deceased lived. If	institution: residence before	odmission)
0	S S S S S S S S S S S S S S S S S S S		INI NAME OF	(If not in	hospital or	institution	cive street				Balta.	7
CA		h	ULL NAME OF IOSPITAL OR NSTITUTION		or locotion)	institution,	give street	C. CITY	OR TOWN	If outside city limits, write	Balla . C. RURAL ond give township	0)
The	S S S S S S S S S S S S S S S S S S S	-2	2						Baltimo	re	33-	00
	in 39	0								(If rurol, give location)		
0	0 - Ton 0 0		The Joh	-						gledts Ave		
+10	D D	5. S		RACE		WIDOWE	D, DIVORCED (specify)		OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Ur Months Doys Hours	der 24 Hrs. Min.
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G.H	L L	done	USUAL OCCUP	ATION (Give k	ind of work 10	B. KIND O	F BUSINESS OR INDUST	RY 11. BIRTI	HPLA CE (Stote of	foreign country)	12. CITIZEN OF WHAT COUNTRYS	, _
Ľ	de de					Hou	SEWIFE		VIRG	INIA	U.S.	H.
Sp	if deat rect or (4) Und was in the de spositio	13.	FATHER'S NAME	ales				14. MO	THER'S MAIDEN	NAME		
. :-				IEE Br	want				Gertr	ude Edward	5	
Dr	d di di	15. Y	Nos Deceased Ev	ver in U. S.	Armed Force	s?	1 6. SOCIAL SECURITY NO.	17. INFO	RMANT		ADDRESS	
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approv ECTOR:	ine ner act pr		injury or campl			eath.)	(B)					
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M A	f me med y bu phy ian	ATIO	TO THE DEA	TH BUT I	NOT RELATI	ED TO TH	1E					
Exam.	d d d	20				TION FOR	WHICH OPERATION	20 A.	AUTOPSY? (Yes	or No. 208. IF YES, WER	E FINDINGS CONSIDERED	
	ch th ys	ERTIFIC	2		WAS PERFO				Tes			
Medical Fu	tal by e; (2) here No ph	0	21 A. ACCIDENT OR CONTRIBUTI	NG CAUS	SE OF	21 l hor	B. PLACE OF INJURY (e.	office bldg.	1 21 C. WHERE D	ID (If in Boltim	ore City, give exact location	n)
i.	italital	CAL	DEATH (notify m	redicol exomi	ne <sub>f</sub> )	etc	.)					
Q	d 6 2 2 6	EDI	OF INJURY	Month) (Do	y) (Yeor)		INJURY OCCURRED		21F. HOW DIE	NJURY OCCUR?		
M	hos hos nat ept ept dine	2	(APPROX.)			W	hile At Not V	Vhile ork				
0	he he had no and (		22. I certify th	nat 😭 (this	haspital)	ottended	the deceased from		9/22	19 66 to	10/21	1966
No. in	10 t ar		that (3 (we) le	st saw the	deceased	alive on.	10/21	19	9 66 01	nd that in (📺) (aur) a	pinian death accurred	an the date
n 66	sed to sed to ont of spital eath)		and hour and	from the co	uses state	d abave.	(We) (did) (	view the	bady after de	oth.		
from 21/6	ased ased dent ospit deat		23A. SIGN ATURE								238, DATE SIGNED	11
H 7	20.5.40		m	may	19,	Zn>	M.D.	Attending Phys.	Med. Director	Stoff Phys.	10/21/60	5
ed 10/	acc acc		23C. PHYSICIAN NAME (Typ	(s			V	23D. ADI	DRESS			
Ø	ificate  y was r  1) An a  b.A. at a d prior			ay A.	Katz		M	The	Johns	Hopkins Ho	spital	()
e d	A P B B	244	BURIAL CREM	ATION, 24B.		24C. N	AME of CEMETERY of			4D. LOCATION	(City, town, or county)	(Stole)
- W	S. D. O	1	PURIA	1 19	24/10	6 C	DAR GI	ROVE		DEALET	DN, VA.	
Re	This certif the body shows: (1) was D.O./ deceased	25/	DATE REC'D B	Y HEALTH	DEPT. 2	SB. NAME	OF REGISTRAR	25C	FUNERAL DIRE	GTDR**	ADDRESS	Pa, Che
	the sho wa		0.0	TOA	1966	00 8	G Fallery	10	12 /	Eckner & Se	no BA	me
		VS	150-REV 1/1/65	UT NIZ	LOOP (	TUP CRUCK	, -,		0		" Scello	-



BALTIMORE CITY HEALTH DEPARTMENT

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IMPORTAN

DIRECTOR:

FUNERAL

If Under 24 Hrs. If Under 1 Yr. Months: Days 12. CITIZEN OF WHAT COUNTRY? C 5.A ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact lacation) and that in (my) (aur) apinion death accurred on the date 23B, DATE SIGNED (City, town, or county)

10631

CHILD WELL TO SELECT AND SELECT STREET STREE

a hospital and

BIR	TH NO.	66 1063	32		TE OF DEATH	Registered No	- 66 10632
	E CASE NO.	FASED		CERTITICA		AND HOUR OF DEATH	00 1000
	pe or Print)	Albert J. T	orelow.			19, 1966	8:30 n
3.	PLACE OF DEA	TH IN BALTIMORE MA	RYLAND				institution: residence before admission)
	FULL NAME O	F (If not in hospital oddress or location	or institution, g	give street		1212	
	INSTITUTION	323 Winst		110	Baltimore	outside city limits, was	RURAL and give township)
		Baltimore				If rurol, give location)	
6	00	Dalcimole	, Mul	21212			
5, 5	r EV	6. RACE	7 AA ABBIED	NEVER MARRIED	323 Winston	9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
	Male	White	Marri	ed (specify)	Feb.1, 1895	lost birthdoyl 71	Months Doys Hours Min,
		JPATION (Give kind of work vorking life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	Electri		Ship b	uilding	Baltimore, Mar	rvland	USA
13.	FATHER'S NAM		0.00		14. MOTHER'S MAIDEN N	AME	OBA
	Andre	w J. Taylor			Jenny Melvin		
5		Ever in U. S. Armed For	nes?	1 6. SOCIAL	17. INFORMANT	.A	ADDRESS
Ye	s, no or unknown)	(If yes, give wor or dote	s of service)	SECURITY NO.	IV. INFORMANT		ADDRESS
I	No			215-05-7108	Eva N. Taylor	(Wife) Sam	ne
	18. 42	0,11		CAUSE O	FDEATH	2 1	INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION DIR	ECTLY		7/	P.	ONSET AND DEATH
		LEADING TO DEATH	<b>.</b> .	(A) (	ronary SW	romoosis	
		of mean the mode of asthenio, etc. It means		DUE TO	21/1		
		plication which coused		/	11-6	•	
	A	ANTECEDENT CAUSES		DUE TO	rescription	<i>1</i> 0	
	DISEASES O	R CONDITIONS, if	any, giving	DOE 10			
	rise to the	above couse (A)		(C)			
	UNDERLYING	CONDITION lost.					
ATION	TO THE DI	 FICANT CONDITIONS C EATH BUT NOT RELA	TED TO THE	3 E			
CA	19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	20A. ALITOPSY? (Yes, or	Nol 208 IF YES WEDI	E EINDINGS CONSIDERED
ERTIFIC	0	WAS PERF		THICH O'CKAHON	2071 2010731: 1703 01	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
CER	21A. ACCIDEN	IT WAS UNDERLYING	218	PLACE OF INITIAL I	or obout 21 C. WHERE DID	IIf in Boltime	ore City, give exact location)
CAL	OR CONTRIBU	TING CAUSE OF medical examiner	hom etc.)	e, form, foctory, street, of	fice bldg., INJURY OCCUR?	III III SONIII	ore city, give exact loconom
MEDI	OF INJURY	(Month) (Doy) (Year)	IHoui) 21E,	INJURY OCCURRED	21 F. HOW DID IN	NJURY OCCUR?	
Σ	(APPROX.)		Whi	te AI Not While	e 🗍		
	20 1 11	- 10 / to 1		4	141.5	(1)	ex 10 11
		that (I) ( <del>this hospita</del> l		A-V . A	ME 10	1960 to 0	19.60
	thot (1) (we)	lost saw the decease	d alive on	OCT 19	19.60 ond	that in (my) ( <del>our) o</del>	pinion deoth occurred on the dot
	ond hour ond	from the couses stat	ed obove. (I	) (He) (did) (did not) v	iew the body ofter death	le.	
	23A. SIGNATU	RE /	101	11			23 B. DATE SIGNED
		Tanner	( , /	M.D. Alte	mding Med. Director	Stoff	10/21/66
	23C. PHYSICIA	Laurelle	- 76.	Phy	23D. ADDRESS	Phys.	1/1/50
	NAME (T)	(Pel   Laurence	C. Pos	t	6805 York Ro	ad	,
				M,D,			
244	REMOVAL IS	pecify)		ME of CEMETERY of CRE	MATORY 24D.	LOCATION	City, town, or county)   Stote)
	Burial	10/24/1	966 Mor	eland Memoria	l Park Ra	ltimore, Ma	rvland
254		BY HEALTH DEPT.	25B. NAME O		J25C. EUNERAL DIRECTO	FIC	ADDRESS
		OCT 24 1966	(P. 03. 8	TE STOLLINGTE	Eugenia W. S Seitz Funera	seitz 5209	York Rd.
/S	150-REV. 1/1/6		- Wall	, -, 40-04	Jozof Fullers	1 Home Bal	to. Md. 21212



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DIRECTOR:

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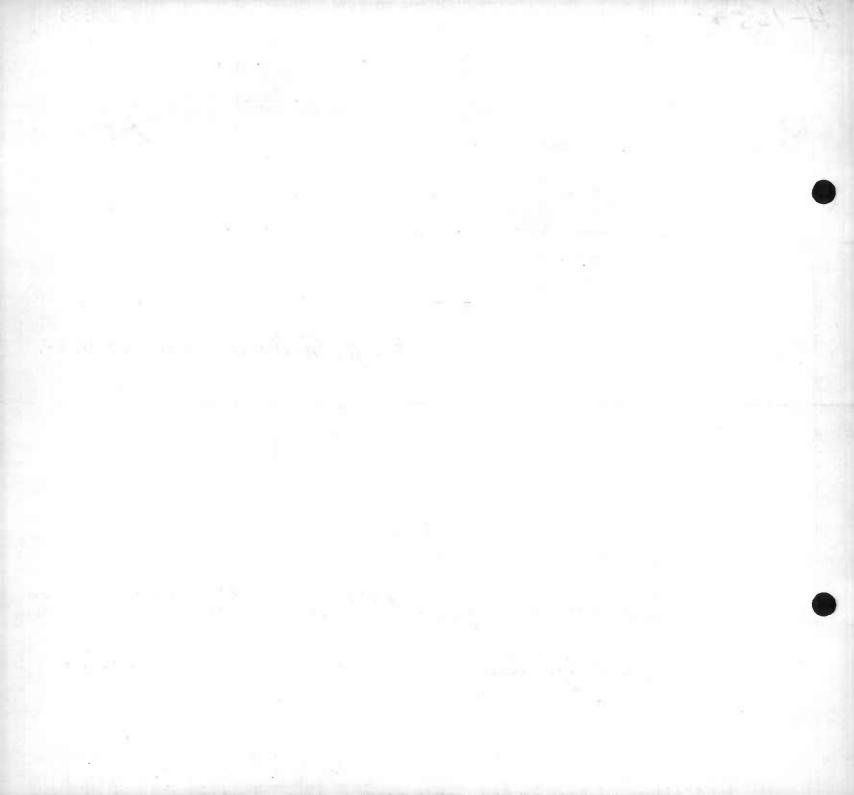
DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



	66 100	20-	HEALTH DEPARTMENT		66 10635
BIRTH NO.	66 106	CERTIFICA	TE OF DEATH	Registered No.	00 10000
NAME OF DE				D HOUR OF DEATH	
Type or Print)	THOMAS JA	AMES HEFFERNAN, SE	Oct.	20, 1966	
PLACE OF DI	EATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where	e deceased lived. If in	nstitution: residence before admissio
FULL NAME	OF III and in bounited	an institution and about	Md. 2122		
HOSPITAL OR		or institution, give street			RURAL and give township)
INSTITUTION			Baltimor		7-02-
AA 528	S. Kenwood	Avenue	D. STREET ADDRESS (If r	urol, give location	
00 320	J. Renwood	IIV CII GC	528 N. F	Kenwood A	venue
, SEX	6, RACE	7. MARRIED, NEVER MARRIED		AGE (In years	If Under 1 Yr. If Under 24 H Months: Days Hours: Min.
male	white	married widowed, Divorced (specify)	June 22,1918	ost birthdoy) 48	Months Doys Hours Min.
		108. KIND OF BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF
	f working life, even if retired)	B-1to City	Bal timore, N	VI-3	WHAT COUNTRY?
3 FATHERS NA		on-Balto. City	14. MOTHER'S MAIDEN NAM		
		6	Marie H	-	
Ge	orge T. Hef:	rernan		VETTA	
5. Was Decease	d Ever in U. S. Armed For	ces? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
ves	WW 2	217-09-7132	Anna O'Connor	r Heffern	an, wife, above
18. 10	0 0 1	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEA	ASE OR CONDITION DIE	RECTLY	$n \rightarrow m$	1	ONSET AND DEATH
	LEADING TO DEATH	in Ma	limant Mel	amomo	1 14 mvz.
(This does	not mean the mode of	dying, e.g., DUE TO		. See X V Y M J . J	
	mplication which caused				
	ANTECEDENT CAUSES	(B)	100 dichidi didi didi digili qiri majdali ili 110 110 110 110 110 110 110 110 110 11	***************************************	
DISEASES	OR CONDITIONS, if				
rise to I	he above couse (A)				
UNDERLYIN	IG CONDITION lost.				
7	- 11				
E TO THE	VIFICANT CONDITIONS C DEATH BUT NOT RELA	TED TO THE			
U 19A DATE C	F OPERATION CAUSING I	T. DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208 IF YES WEDE	FINDINGS CONSIDERED
19A. DATE C	WAS PERI		30,0131,1103	IN CERTIFYING CA	AUSES OF DEATH?
U 21A. ACCID	ENT WAS UNDERLYING	21B PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimo	re City, give exact location
_ OR CONTRI	BUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, factory, street, or etc.)	ffice bldg., INJURY OCCUR?		te enj, gre exect receion
O					
OF INJURY	(Month) (Doyl (Year)		21 F. HOW DID INJU	URY OCCUR?	
(APPROX.)		While At Work Not While At Work	e	210	
22. I certif	y that (1) (this hospital	) ottended the deceased from	117	964 10 14	0/20 1966
		ed olive on 10/20	//		inion deoth occurred on the d
				(0017 05	THOU GOOM OCCORED ON THE C
23A. SIGNAT		red obove.(1)(We)(did)(did not) v	riew the body offer deoth.		238. DATE SIGNED
A. SIGNAI	I Wal	Anti-	ending Med.	Stoff	23B. DATE SIGNED
1 Jou	amin atte	DEEN Phy	s. Director	Phys.	10/4/60
23C. PHYSICA	(Typel		23D. ADDRESS		
	Dr. Benja	amin Highstein M.D.	121 S. Hi	ghland Av	enue
24A. BURIAL CR		24C. NAME of CEMETERY OF CR	EMATORY 24D. LC	OCATION (C	City, town, or county) (State
Burial	70/0-/	66 New Cathedral	Cemetery B	altimore,	Md.
	D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	0.202020	ADDRESS
TO THE REG		1 P. S. S. Salleins	z Schimunek F	uneral Ho	
		D! (The DE EX Tares)	2601 E. M	adison St	
'S 150-REV. 1/1	/65				



RTH NO. 66 10636				00 (0000
	CERTIFICA	TE OF DEATH	Registered No	66 10636
M.E. CASE NO.	/	2. DATE AND,	HOUR OF DEATH	
Type or Print) (a RINE )	lomon	10/	20/66	10 13/A.
B. PLACE OF DEATH IN BALTIMORE, MARY AND	7.0.0	4. USUAL RESIDENCE (Where d	-	stitution: residence before admissio
		A. STATE B. COUNTY		
FULL NAME OF (If not in hospital or institution, g	give street	Maryland c. City OR TOWN (If outside		\$
(ALGERTALITICAL)			e city thits wate	(URAL and give township)
12 SINA: HOSPIT	41	Baltimore D. STREET ADDRESS (If ruro	, give location)	
Ha		2311 Roslyn Av		
5. SEX   6. RACE   7. MARRIED.	NEVER MARRIED		AGE (In years	If Under 1 Yr., If Under 24 H
	, DIVORCED (specify)	3 ?	birthdoy)	Months Doys Hours Min,
IOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	countryl	12. CITIZEN OF WHAT COUNTRY?
	ruction	2 2 2		U.S.A.
3. FATHER'S NAME	1 40 01011	14. MOTHER'S MAIDEN NAME		
Unknown		77.3		
	·-	Unknown		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		Mary M. Coleman-	2311 Ros1	Vn Ave
18. 2 0 . 1	CAUSE O		LJII ROBI	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	()(1)	eralma (en	MILA	
(This does not meen the mode of dying, e.g.,	DUE TO		A. A. Land	
heart failure, astheria, etc. It means the disease, injury or complication which coused death.)	70	was and and Andrew	time - 00	e uncertain
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony, giving	DUE CON	in a congestive her	id faller	2
rise to the obove couse (A) stoting the	cotture tis	mone authorities	ce cardina	oular
UNDERLYING CONDITION lost.	10/1			
OTTOERENTO GONDANON 1051,	all	una cazotas	vila	
~ II		usa e azotas	na_	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	3	1 0 1		-
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	France	d mal Epile	psy	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	France	d mal Epile	psy	FINDINGS CONSIDERED USES OF DEATH?
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR V WAS PERFORMED	France WHICH OPERATION	d mal Epile	OB. IF YES, WERE IN CENTIFYING CAL	USES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR V WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF hom	PLACE OF INJURY (e.g., i.e., form, foctory, street, o	d mal Epile	OB. IF YES, WERE IN CENTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?  City, give exact location)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g., i.e., form, foctory, street, o	20A. AUTOPSY? (Yes for No)	OB. IF YES, WERE IN CENTIFYING CAL	USES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR V WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E.	PLACE OF INJURY (e.g., i.e., form, foctory, street, o	20A. AUTOPSY? (Yes for No)	OB. IF YES, WERE IN CENTRYING CAI	USES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR V WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CEC.  21D. TIME (Month) (Doy) (Year) (Hour) 21E.  21D. TIME (Month) (Doy) (Year) (Hour) 21E.  Whi	PLACE OF INJURY (e.g., i.e., form, foctory, street, o	20 A. AUTOPSY? (Yes for No) 2 n or obout 21 C. WHERE DID ffice bidg,, INJURY OCCUR?  21 F. HOW DID INJUR	OB. IF YES, WERE IN CENTRYING CAI	USES OF DEATH?
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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



10638

BIRTH NO.

the M.E. CASE NO. 1, NAME OF DECEASED 2. DATE AND HOUR OF (Type at Print) uo MAUSWORTH 05/101 4. USUAL RESIDENCE (Where decleased lived. If institution: residence A. STATE B. COUNTY (If outside city limits, write RURAL and give EXAS (If rural, give location) 9. AGE (In years If Under 1 Yr. Months: Days If Under 24 Hrs. lost birthday Hours 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? crowice 14. MOTHER'S MAPEN NAME ADDRESS NTERVAL BETWEEN ONSET AND DEATH 4802 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact lacation) 21F. HOW DID INJURY OCCUR? and that in(my) (our) apinian death accurred an the date Stoff written approval Phys. shows: (1) 24D. LOCATION 25C. FUNERAL DIRECTOR Was Ö VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

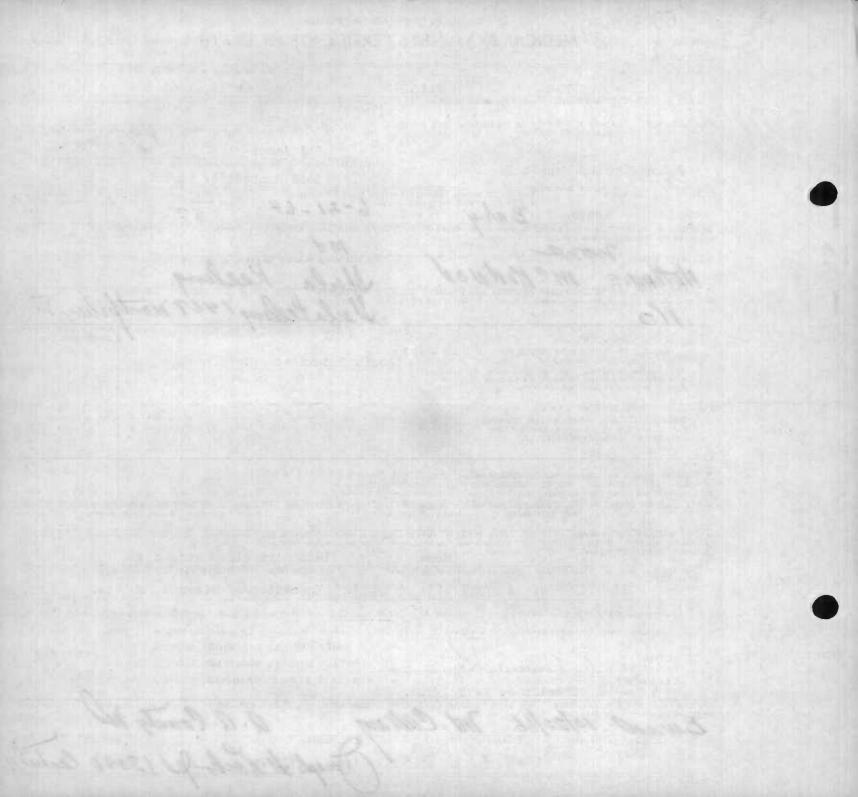
CERTIFICATE OF DEATH

Registered No

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3. P	LACE IN BALTIMORE, MARYLAND, WI	HERE PRONOU	NCED DEAD	4. USUAL RESI	DEN CE (Where	deceased lived. If instit	tution: residence before admission)
					aryland	8. COU	NIT
FUL	L NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	L OR INSTITU	TION, GIVE STREET			le corporote limits, write	RURAL and give township
INS	TITUTION						1
-	23				altimore		7-05
-	Johns Hopkins Hosp	ital		D. STREET AD			
				14	+68 Mont	pelier Stree	t
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13. [	ATHER'S NAME	11 11	/	4. MOTHER'S	MAIDEN NAM	-	
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(Yes	, no ar unknown) (If yes, give wor or date	s of service)	SECURITY NO.	11-1	Deall.	1469 h	entholier Il
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	(This does not mean the mode of heart failure, asthenia, etc. It means	dying, e.g.,	DUE TO				
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	ANTECEN DENT CAUSE	c					Print Bank Line Inc.
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	RISE TO THE ABOVE CAUSE (A) ST		DOE 10				
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CERTIFICATION	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTION	IG.				
은	TO THE DEATH BUT NOT REL	LATED TO TH	HE				
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ype or Print)	Dora Livie	Frev			10/18/	66	97
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FULL NAME O HOSPITAL OR INSTITUTION	addings as Incatio	-1		Maryland c. city or fown (If o	outside city limits, wri	te RURAL and give to	wnship
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SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. Months: Days	If Under 24
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Maryland

ADDRESS

York Rd 21204

Dulaney Valley Cemetery Timonium,

| 258. NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR | WWW. Cooks Trooks Town Burial 10/22
25A. DATE REC'D BY HEALTH DEPT.

OCT 24 19 Cook-Brooks Towson 1050 VS 150-REV. 1/1/65

166

mark address and the second

IMPORTANT

DIRECTOR:

FUNERAL

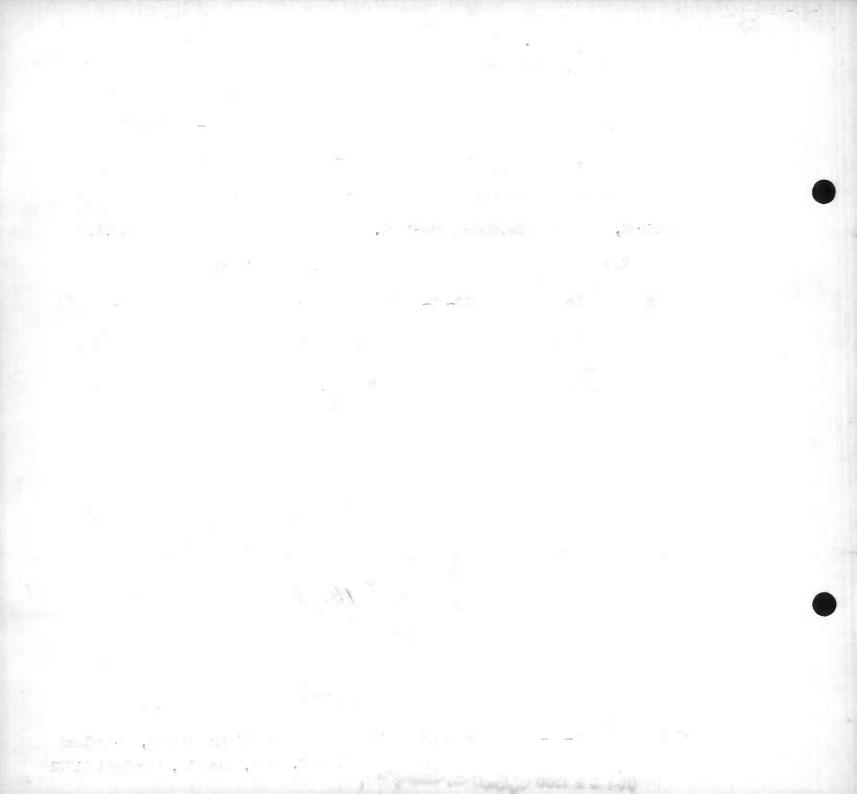


5	- 5	30
•	irect or contributing cause of death	the decased prior to death. Such isposition is made.
IMPORTAN	Also, if the di	nounced death attendance on
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death chows (1) An accident of any natures (2) Rody huns: (3) A fracture of any kind: (4) Independent of any parties (5) December 1	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		Con tonne		BALTIMORE CITY	HEALTH DEPARTME	ENT	00 40046
BIRT	TH NO.	66 10643	5	CERTIFICA	TE OF DEAT	TH Registered Na.	66 10643
M.E	AME OF DE	CEASED JOHN T	- SMI	H /		ATE AND HOUR OF DEATH	
	oe or Print)	DIALI		VII:41	2. 0,	10-19-1966	5 1
3. 1	PLACE OF DI	ATH IN BALTIMORE M	ARYLAND	- much	4. USUAL RESIDENC		nstitution: residence before admission)
					A. STATE B.	COUNTY	0 1/ A
	FULL NAME	OF (If not in hospito oddiess or locati		ion, give street	Maryland	Baltimo	
	NSTITUTION	Baltimore C:		cnitals	C. CITY OR TOWN	(If autside city limits, write	RURAL and give township)
		4940 Easte:	-	-	D. STREET ADDRESS	(If rurol, give location)	23-00
	31				2031 Wareh		1222
-	Pu	Baltimore, M		HED, NEVER MARRIED	B. DATE OF BIRTH		
5. 3		6. RACE	WIDO	WED, DIVORCED (specify)	2-21-1930	9. AGE (In years lost birthdoy) 36	If Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
	ale	White		ried			
		UPATION (Give kind of wo I working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	os foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Drafts	man,	Bethl	ehem Steel Co.	Baltimo	re, Maryland	U.S.A.
13.	FATHER'S NA	ME			14. MOTHER'S MAID		
		John	n Smit	h	Anna	D. Schultz	
15.	Wos Decease	d Ever in U. S. Armed F		1 6. SOCIAL	17. INFORMANT		ADDRESS
(Ye	0.00	(If yes, give wor or do	tes of servi	ce) SECURITY NO.		1010 F	
_	No			213-28-7688		-4940 Eastern A	venue 21224
	1B. 20	4.2		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION D		2	1/0-1/1/1	520020	
	(This door	nol mean the mode of		(A) (A)	im necasii	( SCD 20)	\Quad \Quad
	heart failure	, asthenia, etc. It mean	s the dise	ose,	, 0	, 1, ,	
	injuly of co	mplication which couse		Acu	to MYDATIVE	Sepsis.	as withs.
	4	ANTECEDENT CAUSE	S	DUE TO		The Cooperation	
		OR CONDITIONS, if		at The second se			
		he above couse (A IG CONDITION last,	) slaling	The (C)			
		- 11					
Z	OTHER SIGN	IFICANT CONDITIONS	CONTRIBU	TING TO LAND			TI
ATION		DEATH BUT NOT REI		THE LYRCU	HINGH		54
FIC	19A. DATE C		NDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Ye	s or No. 20B. IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC	2	WAS PE	RIVED	1	Yes	IN CERTIFIC CA	AUSES OF DEATH?
O	OR CONTRIB	ENT WAS UNDERLYING		21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	or obout 21 C. WHERE	DID (If in Boltimo	re City, give exact location)
CAL	DEATH (noti	y medical examiner)		etc.)	Sings, INSORT OC	wwn.	
ā		(Month) (Day) (Yea	r) (Hour)	21E, INJURY OCCURRED	21F. HOW D	DID INJURY OCCUR?	
ME	OF INJURY			While At Not Whil	e 📺		
	(APPROX)			Work At Work	V-1		10/10 11
	22. I certif	y that 🚻 (this haspit	al) attend	ed the deceased from	1/25	19 <b>46</b> ta	119 19 66
	that-(t) (we	) last saw the decea	sed alive	an 1647	19 006	and that in( <del>my)</del> (aur) ap	inian death accurred an the dat
	and haur as	nd fram the causes st	ated abav	e. (+)-(We) (did) ( <del>did not)</del> v	iew the bady after a	death.	
	23A. SIGNAT						23B. DATE SIGNED
	NIH	. DOMILO	LH	M.D. Atte	ending Med.	Stoff Phys.	10/19/1ng
	23C. PHYSICI	ANS	THE		23D. ADDRESS		111100
	NAME	W.H. Spe	ancer		12 494	L'astern Avenu	e,Baltimore,Md.
2.1	0110121			M.D.	124	,-	
241	REMOVAL	(Specify) 24B. DATE		C. NAME of CEMETERY of CR	MATORY	24D. LOCATION (C	City, town, or county) (State)
	Burial	0ct-22	-1966	Oak Lawn		Baltimore, Mar	ryland 21224
254	A. DATE REC'	BY HEALTH DEPT.	25B NA	ME OF REGISTRAR	25C. FUNERAL DI	RECTOR	ADDRESS
		061 24 196	0 060	feed E. Starken M.A.	TOHN 1.	DUDA, Dundalk,	Maryland 21222
VS	150-REV. 1/1	/65	1				



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		CERTIFICA	(1 L OI DE/(III		
NAME OF D			2. DATE A	NO HOUR OF DEATH	000
Type at Print)	Eugene A.	Booth	Octo	ber 19, 1966	3-10.
. PLACE OF C	DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived. Il in NTY	nstitution: residence belore admissia
FULL NAME HOSPITAL O	R address ar lacation	ar institution, give street	Maryland	Baltimore utside city limits, write	RURAL and give township)
90	The Gould Con 6116 Belair R		Dundalk D. STREET ADDRESS (III	rurol, give lacotian)	53-00
			1923 Crafton	Ave.	
sex Male	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	July 7-1898	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 H Manths Days Haurs Min.
	al warking life, even if retired)	108. KIND OF BUSINESS OR INDUSTRI	Pennsylva		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S N			14. MOTHER'S MAIDEN NA		
	Clarence	Booth	Margaret	Hume:	
S. Was Deceas	sed Ever in U. S. Armed Fare wn) (If yes, give wor or date	ces? 1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes,	Army WWI	216-03-5770	Wife, Mrs. Am	me Booth, #	4,a,b,c,d.
1B.	SOXI	CAUSE	DE DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIR	ECTLY	11	They	48h
(This does	nol mean the mode of	dying, e.g., DUE TO	minus	Viraumi.	m / ones
heart foilur	e, osthenio, etc. It meons	the disease,	T	p 1/2 Disa	15
	ANTECEDENT CAUSES	(B) \	yperlusin.	C-V DISER	95- OURS.
		DUE TO	1/1		
DISEASES	OR CONDITIONS, if	any, giving	10 Ma	1/1/2	2
rise lo	the above couse (A)		apertusin. Abetes M.	eLLitu's	2 yrs
rise lo	the above couse (A) NG CONDITION last.		Abetes M.	e LLitu's	2 yrs
rise lo UNDERLYI	the above couse (A)	SIDING THE (C)	Abetes M.	e LLitu's	2 yrs
OTHER SIG	the above couse (A) NG CONDITION last.  II  BNIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING I	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION	A betes M.		FINDINGS CONSIDERED USES OF DEATH?
OTHER SIGN TO THE DISEASE CONTROL OR CONTROL	the above couse (A) NG CONDITION last.  II SURFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING! OF OPERATION   198. CON	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED	. 20A. AUTOPSY? (Yes or N	O 208. IF YES, WERE IN CERTIFYING CA	
OTHER SIGN TO THE DISEASE CONTROL OR CONTROL	THE above couse (A) NG CONDITION last.  SUBJECT OF CONDITIONS COUNTY OF CONDITION CAUSING IT OF OPERATION 19B. CON WAS PERFORMED TO THE CONDITION OF CONDITION TO THE CONDITION OF COUNTY OF CONDITION OF COUNTY OF COUN	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED  218. PLACE OF INJURY 6. g. hame, larm, lociary, sireet	. 20A. AUTOPSY? (Yes or N	(If in Baltimore	FINDINGS CONSIDERED USES OF DEATH?
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OTHER SIGN TO THE DISEASE CONTROL OR CONTROL	the above couse (A) NG CONDITION last.  II SNIFICANT CONDITIONS C DEATH BUT NOT RELA OF CONDITION CAUSING I' OF OPERATION 198. CON WAS PERF DENT WAS UNDERLYING BUTING CAUSE OF tily medicol examiner)  (Manth) (Day) (Year)  Ify that (I) (this haspital re) last saw the decease and from the causes state  URE CIAN'S (Type)	ONTRIBUTING TED TO THE T.  DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY 6.g., hame, larm, loctary, street, etc.)  (Haur)  21E. INJURY OCCURRED  While At Not Wh Wark  At Wark  ) attended the deseased fram d allve an ed abave. (I) (We) (did) (did nat)  M.D. Attended  M.D. Attended	20 A. AUTOPSY? (Yes or No. No. )  In ar about NC. WHERE DID allice bidg. INJUN OCCUR?  21 F. HOW DID IN the bady after death.  21 S. Med. Director 12	JURY OCCUR?  Staff Phys	FINDINGS CONSIDERED USES OF DEATH?  • City, give exact lacation)  1966  1238. DATE SIGNED  Octo 19–1966
OTHER SIGN TO THE DISEASE CONTROL OR CONTROL	the above couse (A) NG CONDITION last.	ONTRIBUTING JED TO THE T. DITION FOR WHICH OPERATION ORMED  218. PLACE OF INJURY 6.g hame, larm, loctary, street etc.)  (Haur) 21E. INJURY OCCURRED While At Not Wh Wark  At Work  at the declared from d allve an ed abave. (I) (We) (did) (did nat)  M.D. Att Ph.	20A. AUTOPSY? (Yes or No. NO. NO. WHERE DID allice bidg., NJDRY-OCCUR?)  21F. HOW DID IN and the street of the str	JURY OCCUR?  To ta bat in (my) (aur) apf	FINDINGS CONSIDERED LUSES OF DEATH?  City, give exact lacation)  1966  inian death accurred an the d  238. DATE SIGNED Octo 19–1966  1k, Md 21222
OTHER SIGNATOR TO THE DISEASE CONTROL OF CONTROL OF INJURY (APPROX.)  21A. ACCITOR CONTROL OF INJURY (APPROX.)  22B. I certiform that (I) (wand haur control of Injury)  23C. PHYSIC NAME  24A. BURIAL CREMOVAL	THE above couse (A) NG CONDITION last.  II SNIFICANT CONDITIONS C DEATH BUT NOT RELA DEATH BUT NOT RELA OF OPERATION 19B. CON WAS PERF DENT WAS UNDERLYING BUTING CAUSE OF filly medical examines)  (Manth) (Day) (Year)  Ify that (I) (this haspital re) last saw the decease and fram the causes state  CIAN'S (Type)  Melvin B  REMATION, 24B. DATE	ONTRIBUTING JED TO THE T. DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY 6.g. hame, larm, loctary, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Whi Work  At Wark  ) attended the declared fram d alive an ed abave. (I) (We) (did) (did nat)  M.D. Att Ph  24C. NAME of CEMETERY or CE	20A. AUTOPSY? (Yes or No	JURY OCCUR?  Staff Phys.   Dn Rd. Dunda	FINDINGS CONSIDERED USES OF DEATH?  City, give exact lacation)  1966  inian death accurred an the d  23B. DATE SIGNED Octo 19-1966  1k, Md. 21222 ity, tawn, or county) (State)
OTHER SIG TO THE DISEASE CO 19A. DATE  21A. ACCIT OR CONTR DEATH (no CONTR	THE above couse (A) NG CONDITION last.  II SHIFICANT CONDITIONS C DEATH BUT NOT RELA OF CONDITION CAUSING I' OF OPERATION 198. CON WAS PERF DENT WAS UNDERLYING BUTING CAUSE OF tily medicol examiner)  (Manth) (Day) (Year)  Ify that (I) (this haspital re) last saw the decease and from the causes state  THE CONTROL OF THE	ONTRIBUTING JED TO THE T. DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY 6.g. hame, larm, loctary, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Whi Work  At Wark  ) attended the declared fram d alive an ed abave. (I) (We) (did) (did nat)  M.D. Att Ph  24C. NAME of CEMETERY or CE	20A. AUTOPSY? (Yes or No	JURY OCCUR?  That in (my) (aur) apf  Staff Phys.   On Rd. Dunda  LOCATION (C.	FINDINGS CONSIDERED  LUSES OF DEATH?  City, give exact lacation)  1966  inian death accurred an the d  238. DATE SIGNED  Octo 19–1966  1k, Md. 21222

Michigana Timbol de colinación quant ac rime Tomers ACCOUNTS TO THE CONTRACT OF TH

Adultani emakar emakar Sita a maja

of death

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death.

(3	66 10	1647	BALTIMORE CITY	HEALTH DE	PARTMENT		66 10647
BIRTH NO.	0 0	JO'T !	CERTIFICA	TE OF	DEATH	Registered No.	00 10047
M.E. CASE NO.	ECEASED/	1	<b>7</b>			ID HOUR OF DEATH	. 30
	ER (WI	LFRED)	BURNETTE			120/66	8 A
FULL NAME HOSPITAL OI	R oddress	hospital or institute or location)  ORE CITY I	ition, give street	A. STATE MARYI C. CITY OR BALTI	AND (If ou		JRAL and give waship)
31		DRE, MARYI	ENUE LAND 21224	D. STREET A		rufol, give locoffon) NE STREET - 2	21205
MALE	6. RACE NEGF	RO WID	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	10/25/	28	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
one during most	CUPATION (Give k of working life, even SPEF		ID OF BUSINESS OR INDUSTRY		CE (State or fore	9	12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. FATHER'S NA		E - Deceas	sed	14. MOTHER LULA	HODG		
es, no or unknow	ed Ever in U. S. A wn) (If yes, give w	Armed Forces? For ar dates of ser		RECORDS		40 Eastern A	ADDRESS ve,Balto.Md. 21
18. / 5 DISE.	ASE OR CONDI		CAUSE O				INTERVAL BETWEEN ONSET AND DEATH
heart foilure	LEADING TO not meen the e, osthenio, etc. omplication which	mode of dying, Il meons the dis	e.g., DUE TO	4 OF	THE ES	SOPHAGUS	: 3 yes
rise lo	ANTECEDENT  OR CONDITIO  The obove cound CONDITION	NS, if ony, g					
TO THE	III SNIFICANT COND DEATH BUT N DR CONDITION C	OT RELATED TO	UTING O THE				
		WAS PERFORMED			NO NO	IN CERTIFYING CAU	
OR CONTRI	DENT WAS UNDE IBUTING CAUS lify medical examin	EOF	21B. PLACE OF INJURY (e.g., i home, farm, factory, street, o etc.)	n at about 21 C ffice bldg., INJ	URY OCCUR?	(If in Baltimare	City, give exoct locotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Day	(Year) (Hour)	21 E. INJURY OCCURRED  While At Work  Not While At Work	le 🦳	HOW DID IN	URY OCCUR?	
			1	1=1			5/10

22. I certify that (I) (this hospital) attended the deceased fram.

66 ond that in (my) (out) opinion death accurred on the date and hour and from the causes stated above. (1) (We) (did) (<del>did not</del>) view the body after death.

23A. SIGNATURE

M.D.

Attending Phys. Med. Director 23 D. ADDRESS

23C. PHYSICIAM'S NAME (Type) 24D. LOCATION or CREMATORY

24A. BURIAL CREMATION, 24B. REMOVAL (Specify) 10/23 BUFIE

Edgle Rock, N.C

928 E North Are 25C. FUNERAL DIRECTOR

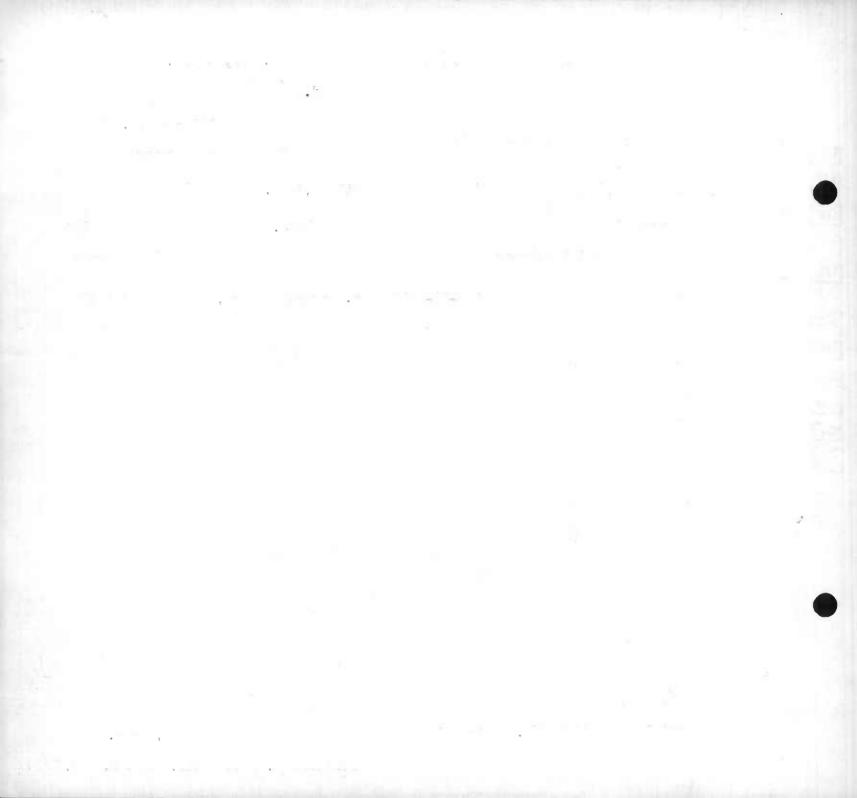
VS 150-REV. 1/1/65



66	10648	1	BALTIMORE CITY HEAL	TH DEPARTMEN	Т		66	10648
BIRTH NO.	MEDI	CAL EX	AMINER'S CE	ERTIFICAT	E OF DE	ATH Regist	ered No	CFOOT
M.E. CASE NO.	***************************************	C/ (L L/						
1. NAME OF DECI	HARRY	P	HILLIPS, Sr.			er 21, 196		9:20 A <sub>•M</sub>
3. PLACE IN BALTI	MORE MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDE		ceosed lived. If in		dence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TOW	ryland (N (If outside o	orporote limits, wri		nd give township)
99 C	ity Hospital		(DOA)	D. STREET ADDR	ess (If rurol, given) 36 Higner		30	
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH		9. AGE (In years		1 Yr. If Under 24 Hrs. Days   Hours   Min.
Male	White	Ma	rried	May 15,		77		
	PATION (Give kind of work orking life, even if retired)		business or industry ity	M	arylana	,	12. CITIZ WHA	EN OF
13. FATHER'S NAM	Thomas 1	hilly	0.5	14. MOTHER'S MA		Mary E.	DeLa	cy
	O EVER IN U.S. ARMED (If yes, give wor or dote		16. SO CIAL SECURITY NO.	Mrs. Li				(Same)
18. 4	1.0.		CAUSE	OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
DISEASES OF RISE TO THE UNDERLYIN	NTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST G CONDITION LAST,  II	NY, GIVING THE						
TO THE DISEASE OR	CONDITION CAUSING		HE	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			· · · · · · · · · · · · · · · · · · ·	••••••
0 6	WAS PER		WHICH OPERATION	20A. AUTOPSY?		B. IF YES, WERE I		
Q 21 A. EXTERNAL UNDERLYING DUTING CAUS	OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., i , form, foctory, street, o	in or obout 21C. W Iffice bldg., INJURY	OCCUR?	n Boltimore City,	give exoct lo	ocotion)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor	V	VHILE AT NOT NORK	WHILE	W DID INJURY	OCCUR?	1000	
	JRE Charles	uses X A	Inspection X Autocident Suicident M.D.	apsy and	de Und EDICAL EXAM EDICAL EXAM	determined mon	ner 🗌	DATE SIGNED
23A. BURIAL CREM REMOVAL (Spacify)	1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1		C. NAME OF CEMETERY O	_	23D. LOC	Baltim		Md.
24A. DATE REC'D	2201 h c To		of REGISTRAR		d. Ru	ick Inc.		o. Md. 212

 FUNERAL DIRECTOR: IMPORTANT

	60 1001	_	BALTIMORE CITY	HEALTH DEPARTMENT		00 10049
	TH NO. 66 10645	9	CERTIFICA	TE OF DEATH	Registered No.	
1.1	E. CASE NO.  NAME OF DECEASED  pe or Print)		11 11		ND HOUR OF DEATH	
1	mary	II AND	Holden		21, 1966.	
	FULL NAME OF HOSPITAL OR oddress or locotion)		give street	A. STATE Md. B. COU		RUBAL and nive township)
	INSTITUTION				Baltimor	
	90 Gould Conv	ralesa	rium		Anthony Av	
900	sex 6. RACE 7 Female White	. MARRIED,	NEVER MARRIED L. DIVORCED (specify)	B. DATE OF BIRTH April 13,1888.	9. AGE (In years tost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work ) ne during most of working life, even if retired) Housewife	08, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore Mass.	eign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA		
	Daniel Mal	noney			Jes	sie Beverage
15.	Was Deceased Ever in U. S. Armed Force	s?	16. SOCIAL	17. INFORMANT		ADDRESS
(16	rs, no prunknown) (If yes, give wor or dotes	of zeivice)	027-03-3772	Mr. Raymond La	ndry,	(Same)
	18. 4 22 1 1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRE	CTLY	a.t	100	C. O.	
	(This does not meen the mode of	dvina. e.a	DUE TO	enoscerche.	Cardo	monz year
	heart failure, asthenia, etc. It means to	he disease,	V	veculu De	seeme	0 0
	ANTECEDENT CAUSES		(B) Cals	unlind arte	no Seleve	5 11-
	DISEASES OR CONDITIONS, if or	av aivina	DUE 10	gac		
	rise to the obove couse (A)		(C)			
	UNDERLYING CONDITION lost.					
ATION	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	ED TO TH				
ERTIFICA	19A. DATE OF OPERATION 19B. COND	ITION FOR	WHICH OPERATION	20A, AUTOPSY? (Yes or N	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
CALCE	OR CONTRIBUTING CAUSE OF	21 B horr etc.	ne, form, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Battimo	re City, give exact location)
EDI		(Hour) 21E	. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
2	(APPROX)	Wh	ile At Not While			
	22. I certify that (1) (this hespital)	attended t	he deceased from	10-14	19 63 to	0-21 1966
	that (1) (we) last sow the deceased			1 /		inion deoth accurred on the dat
	and hour and fram the causes state	d obave. (	I) (W <del>a) (dtd)</del> (did nat) v	view the bady after death.		
	23A. SIGNATURE	0	1 0	111	2. 11	23B. DATE SIGNED
	Max K. Con	Lu	Phy		Stoff Phys.	10-21-66
	PACE (Type)	11.5	L MD M.D.	23 D. ADDRESS	Robert	Rd Baltimore
24	A. BURIAL CREMATION, 1248, DATE	19 113	AME of CEMETERY OF CR	EMATORY 124D	LOCATION	City town or county) (State)
24	Burial 10/25/6		iverview Ceme		Groveland	d. Mass.
25	A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
	0.4.000	090	2 0 30 nine	3 Leonarde J.	Ruck Inc.	Balto. Md. 21211
1	150 05V 1/1/4 0 CT 2 4 1300	TAX NO	J. C., VIANO		•	



66 10650

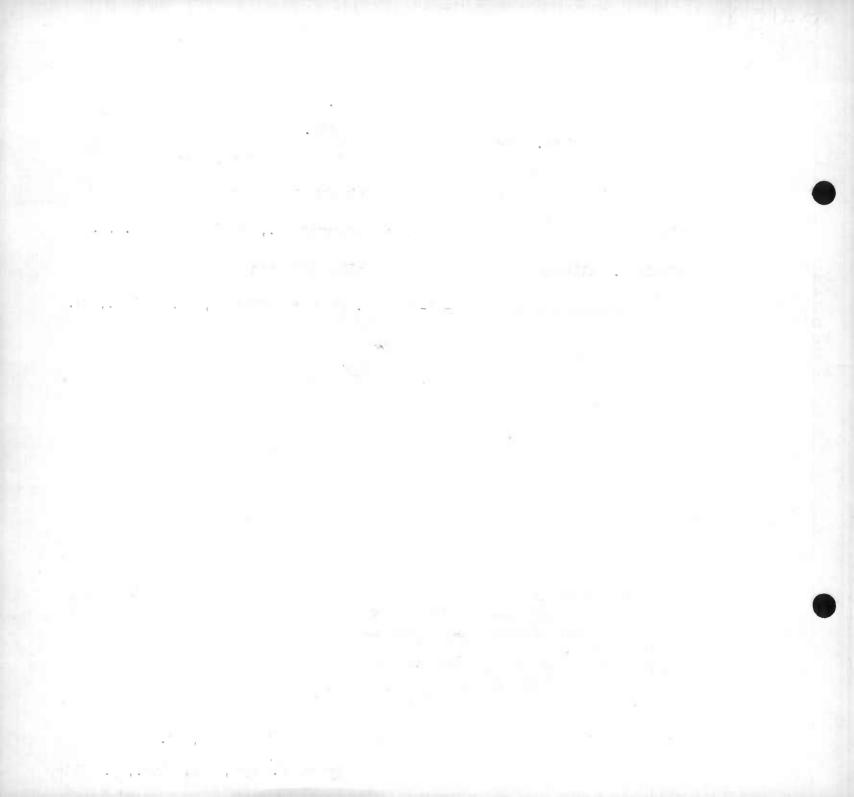
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 10650

DIK	111 110.		MILDI	CALL	AAMIITEKS	LIVITI	CAIL	יו כ	LA III magicin		
	E CASE NO.								-4-		
1. ( (Ty	NAME OF DE			ETT			2, DA	TE AND	HOUR PRONOUNC	ED DEAD	
		GUS	TAVUS	S.	HECKEL				er 22, 196		11:45 P M.
3. F	LACE IN BAL	TIMORE, MARY	LAND, WI	IERE PRONO	UNCED DEAD	4. USUA A. STAT	L RESIDENCE	Where o	deceased lived. If ins B. CO	titution: resid	ence befare admission)
CILI	I NAME OF	ME NOT II	LUCCRITA	L OR INICTIT	UTION CIVE STREET		Maryla				
HO	SPITAL OR	ADDRESS	OR LOCA	TION)	UTION, GIVE STREET	C. CITY	OR TOWN (I	autside	carparate limits with	e RURAL on	d give tawnship)
IN 2	TITUTION					-	Baltim	ore		1	1)1
4	14.		1 **	1		D. STREE	T ADDRESS (		give lacation	-	
- /	Union	Memoria	I Hosp	oitai					1 Avenue		
5. 5	EX	6. RACE		7. MARRIED	, NEVER MARRIED	B. DATE		CCIC	9. AGE (In years	If Under	1 Yr. If Under 24 Hrs.
					DIVORCED (specify)				last birthday)		Days   Haurs   Min.
	Male	White		Marrie			/1907		59		
		UPATION (Give warking life, ever		108. KIND O	F BUSINESS OR INDUSTR	YIII. BIRTH	PLACE (Stole o	ir foreign	country)	12. CITIZE	N OF I_CQUNJRY?
F	mployee			A. Hoer	Lith. Co.	Ma:	ryland				U.S.A.
13.	FATHER'S NAM	WE				14. MOTH	ER'S MAIDEN	NAME			
G	ustavus	Heckel				Apr	nes Roth	1			
15.	WAS DECEASE	ED EVER IN U.			16. SOCIAL	17. INFOR	MANT			ADDRESS	
(Yes	, na or unknowr	(If yes, give v	var ar dates	af service)	SECURITY NO.	M	Emma M.				
			NU		215-03-4759	Mrs.	表现表	Hec	kel	Same	
	18. 42	211			CAUSE	OF DEA	TH				INTERVAL BETWEEN ONSET AND DEATH
		SE OR COND	ITION DIR	ECTLY						3 - 13	ONSET AND DEATH
		LEADING T	O DEATH		Arteri	osclei	cotic Ca	rdio	vascular D	iseasa	
	(This daes	not mean the	made of	dying, e.g.,				in.r.a.x			A
	injury ar ca	, asthenia, etc. implication whic	h caused d	eath.)							
		ANTECENDEN	T CAUSES							7 3.0	
	DISEASES	OR CONDITIO	ONS, IF AI	NY, GIVING	(B)		****				
	RISE TO TH	NG CONDITION	JSE (A) ST.	ATING THE	502.10						
z	ONDEREN	NO CONDING	ZIT LASI.		(C)						
9		li							The last of		-
3		NIFICANT COL								100	
F		DEATH BUT			THE						
CERTIFICATION					WHICH OPERATION	20 A. A	UTOPSY? (Yes	ar Na) l	208. IF YES, WERE F	INDINGS C	ONSIDERED
ü	6		WAS PERF				No		IN CERTIFYING CAU		
A	21 A EXTERNA	L CAUSE WA	S	218	PLACE OF INJURY (e.g.,	in or about		DID (I	f in Baltimara City a	ive event le	ention)
MEDICAL	UNDERLYING	OR CONTRIB.		ham	e, farm, factory, street,	office bldg.	INJURY OCC	UR?	in bullmillore City, g	IAE GYOC! IO	Conun
윤	U IING LEAL	JSE OF DEATH		etc.)							
2	21 D TIME	(Month) (D	ay) (Year)	(Haur)	21E. INJURY OCCURRED		21F. HOW DI	D INJU	RY OCCUR?		
	(APPROX.)				WHILE AT NOT	WHILE					
	22.			m.)	WORK LAT W	ORK .					
	I cer	tify that I he	ld on In	quiry	Inspection X Au	topsy	and that	an this	s basis, death in	my apiniar	
	resu	Ited from: No	itural cau	ses X	Accident Suicid	e	Hamicide 🗌	U	ndetermined mann	er	
	100		7 /		//	СН	HEF MEDICA	AL EX	AMINER		
	ACTUA		)/0	Pe. 1	1/01		ANT MEDICA				DATE SIGNED
	SIGNAT		- noe	CCC .	M.D	•					10/23/66
	EXAMIN NAME (		harles	s S. Pe	etty, M.D.	ASSOCI	ATE MEDIC.	AL EX	AMINER		
23 A	BURIAL CRE	1,760,	DATE		C. NAME of CEMETERY	CREMAI	ORY	23D. LC	CATION (City	, tawn, ar c	county) (State)
	MOVAL (Specif	fy)			C	- UNLIVIA	- KI	_		, surely of C	1910107
	Burial		0/27/6	6	Jerusalem Luth	ern C	emeter	Bal	to.,Md.		
24/	A. DATE REC'D	BY HEALTH	EPT.		OF REGISTRAR	24C.	FUNERAL BIR	ECTOR		A	DORESS
						Le	onard J	. Ru	ck, Inc., Bal	Lto. Mc	1. 21214
				1 9	6607	7 6	66	13			
211	151-PEV 1/1	/65		1		- /		710			

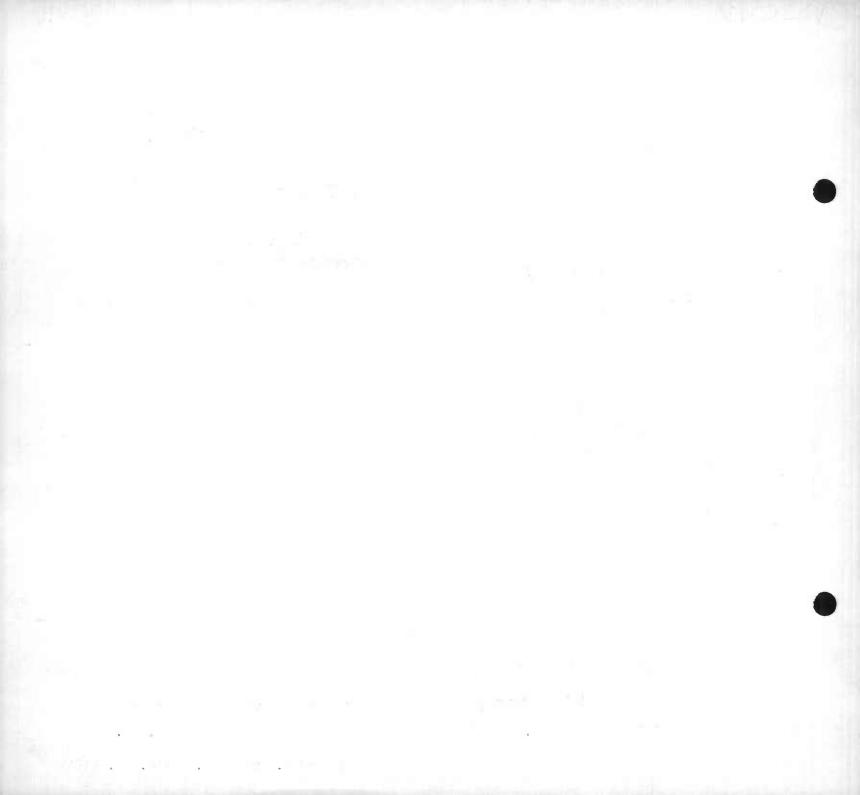
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VS 150-REV. 1/1/65



VS 150-REV, 1/1/65

Leonard J. Rick Inc. Balto. Md. 21214



IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

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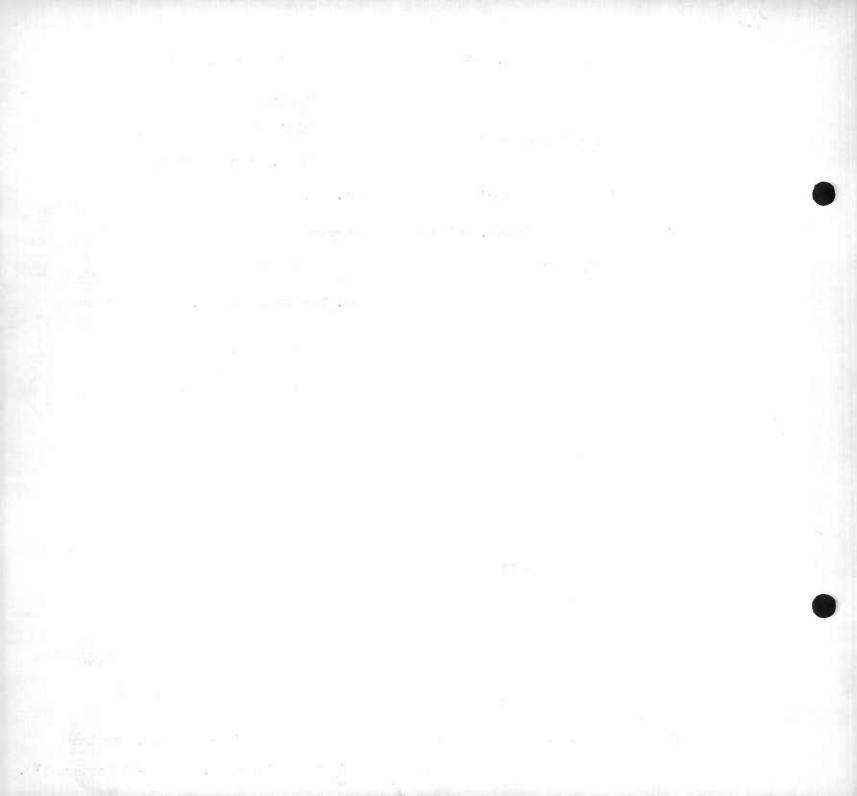
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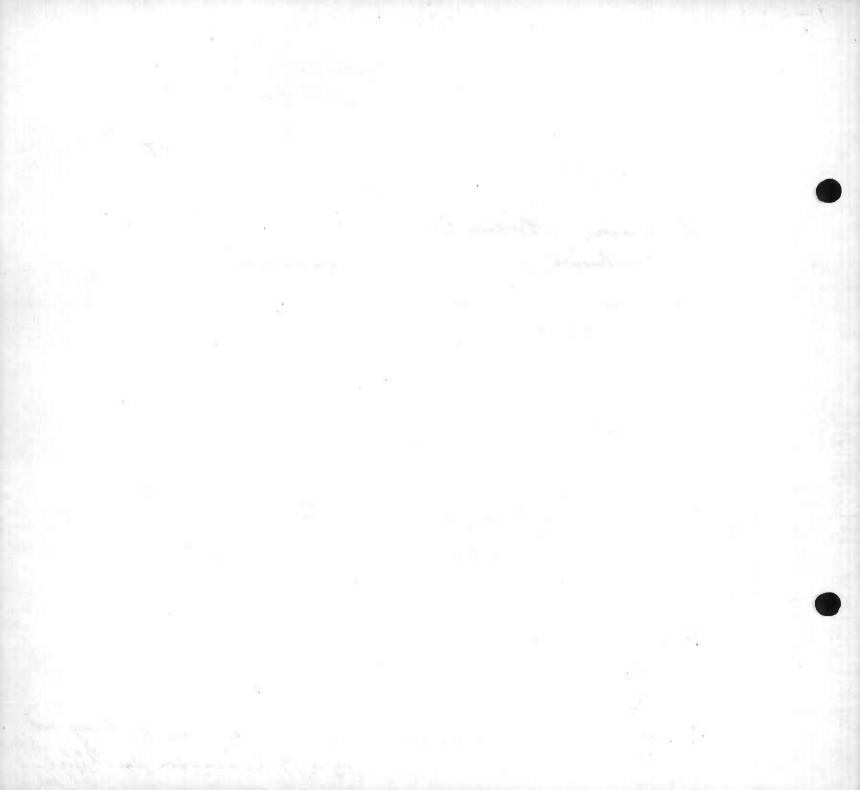
1	M.E. CASE NO.	CEACED				O DATE AND	HOUR PRONOUNC	ED DEAD	
	Type or Print)	JOSEPH	PACE	DTCV E	ATTEDTV				1.30 D
	3. PLACE IN BAL	TIMORE, MARYLAND, W			AHERTY  4. USUAL RESID A. STATE Ma	ENCE (Where de aryland	ceased lived. If ins	titution: residence	before admission
	FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU TION)	THON, GIVE STREET	c. city or tov	vN (If outside o	corporate limits, write	RURAL ond gi	ve to waship)
	00 700	Fleet Street			D. STREET ADDI		rn Avenue		
	Male	White	Divor		Feb. 22,	1914	9. AGE (In years last birthday)		Hours Min.
3 = 3	Une mplo		TOB. KIND OF	BUSINESS OR INDUSTR	Baltim	ore, Mar		12. CITIZEN O	
	3. FATHER'S NAA				14. MOTHER'S M		11 11 11 11		
	S WAS DECEASE	Joseph	P. Fahe	rty	Cath	erine Ly	nch	ADDRESS	
		(If yes, give war or date		SECURITY NO.	Miss Jul	ie Faher	ty 2507	Eastern	Ave.
	DISEA	SE OR CONDITION DI	RECTLY		E OF DEATH				ERVAL BETWEEN SET AND DEATH
	heart failure	nat meon the mode of c, asthenia, etc. It meons mplication which caused	dying e.g., the disease,	(A) ASPII	yxia	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	. 0. 0.00000000000000000000000000000000		
	DISEASES RISE TO TH	ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) ST NG CONDITION LAST.	NY, GIVING	(B) Drow	ming.				
		NG CONDITION LAST.		(C)					
	O THE	II INIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING	ATED TO T						
		F OPERATION 198, CON WAS PER	DITION FOR V	WHICH OPERATION			B. IF YES, WERE FI		
	21A, EXTERNA UNDERLYING	OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street, Harbor	in ar about 21 C. V	HERE DID (IF	in Boltimore City, g		
	21D TIME OF INJURY (Found)	(Manth) (Day) (Year 10 22 66	D V	TE, INJURY OCCURRED	21 F. H.C	and drown	OCCUR?		
	22.	tify that I held on I		Inspection Au	topsy X one	I that on this	bosis, deoth In i	my opinion	
		Ited from: Notural co	uses A	ccident Suicle		EDICAL EXA	MINER		ATE SIGNED
	SIGNAT EXAMIN	URE UNE	e S Pe	tty, M.D.	ASSISTANT MI				/23/66
1		Type) Charle	D D. IC						
	NAME ( 23A, BURIAL CRE REMOVAL (Specif	MATION, 238 DATE		New Cathed		23D. LOC	CATION (City	, town, or county	(Stote)

Ater in the NAME OF THE PROPERTY OF THE PARTY OF THE PARTY. T-CORE OF THE PARTY OF THE PART

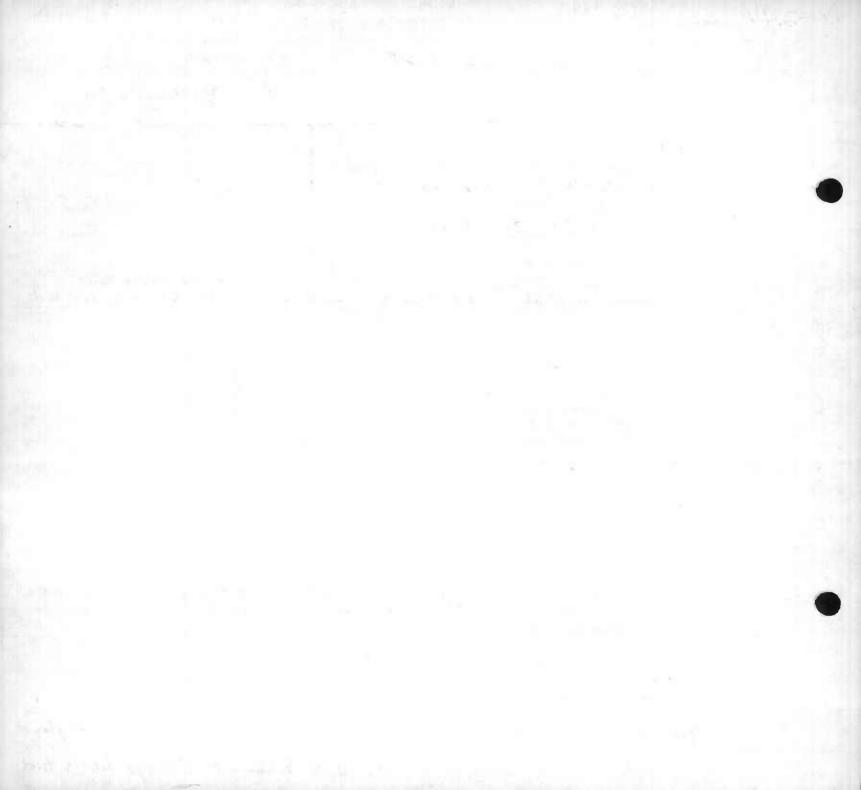
	COTO	BALTIMORE CITY	HEALTH DEPARTMENT		00 10000
BIRTH NO.	66 10656	CERTIFICA	TE OF DEATH	Registered No.	66 10656
M.E. CASE NO.				NO HOUR OF DEATH	
1. NAME OF DECEASE (Type or Print)	DANIEL M	. WADE	Octobe	er 20, 1966	
3. PLACE OF DEATH	N BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If i	nstitutian: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or institut address or location)	tion, give street	Maryland		RURAL and give (ownship)
90	Gould Convales	arium	Baltimore	e rurol, give location)	-03
				enwood Aven	16
Male W	nite Ma	RIED, NEVER MARRIED DWED, DIVORCED (specify) rried	B. DATE OF BIRTH NOV. 15, 1889	9. AGE (In years lost birthdoy) 77	If Under 1 Yr. If Under 24 Hr Manths Days Hours Min.
IOA, USUAL OCCUPAT dane during mast of warking		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Pen	na. Railroad	Maryland		
13. FATHER'S NAME	1011	TWO TOWALL VOICE	14. MOTHER'S MAIDEN NA	ME	
	Not Known		Not Know		
5. Was Deceased Ever	in U. S. Armed Farces?	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	-	ADDRESS
No			Mrs. Ida Wade	608 S. Ker	nwood Avenue
18. 4 5 O	101	CAUSE	F DEATH		INTERVAL BETWEEN
1 9 9	R CONDITION DIRECTLY		^	0 44 4	ONSET AND DEATH
	DING TO DEATH		On grammer ?	Left	
	neon the mode of dying,	(A)		V	
	enio, etc. Il meons the dis-	80Se,	oneumonia ?		
injury or complice	otion which coused death.)	(T.	of last.	500-	
ANT	ECEDENT CAUSES	(B)	neces or	causes	
		DUE TO	3		
	CONDITIONS, if ony, gi	rving			
	bove couse (A) stoting	lhe (C)			8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
UNDERLYING CO	JNUITON TOST,				
	II				
OTHER SIGNIFICA	NT CONDITIONS CONTRIB				
E TO THE DEAT	H BUT NOT RELATED TO				
U 10A DATE OF CON	IDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	ol 208 te vec Wene	FINDINGS CONSIDERED
19A. DATE OF OP	WAS PERFORMED	FOR WHICH OPERATION	ZUM. AUTOPST? IT es OF NO	IN CERTIFYING CA	AUSES OF DEATH?
OR CONTRIBUTION		21 B. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)	in ar about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltima	re City, give exoct (acation)
21 D. TIME (M	onth) (Day) (Year) (Haur)	21 E. INJURY OCCURRED	21F. HOW DID IN.	ILIRY OCCUP?	
W OF INTLIES	Jimir (way) (real) (1700))			JOHN OCCUR:	
(APPROX)		While At Not Whi			
				( /	Most and
22. I certify the	(I) (this hospital) attend	led the deceased from	Jon:	19 6 to	00 20 1966
that (I) (we) los	t sow the deceased alive	on 10/19	19 6 and th	not in (my) (our) ap	inion death accurred on the de
and hour and fro	m the couses stated above	ve. (1) (We) (did) (did not)	view the body ofter deoth.		
23A. SIGNATURE	0 -				23 B. DATE, SIGNED
	J. H-Q.	M.D. AH	ending Med.	Staff	10/28/68
0	1	Ph:		Phys.	19/1/62
NAME (Type)	1 6 mg	H-Goodmanm.D.	23D. ADDRESS	- Bolk S	w zizzis Mid
24A. BURIAL CREMAT	JON, 24B. DATE 24	C. NAME of CEMETERY OF CR	REMATORY 24D. L	LOCATION (C	City, lawn, ar cauntyl (State)
Burial	10-24-1966	Oak Lawn			nty, Maryland
25A. DATE REC'D BY	HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
U	CT 24 1966 (Pa	Beet & Starley M.	Lilly & Zeile	r Inc. 19	901-07 Eastern AVe.

24 1966 Lilly & Zeiler Inc. 1901-07 Eastern AVe. VS 150-REV. 1/1/65





	66 10658		BALTIMORE CITY	HEALTH DEPARTMENT		00 40050
	H NO.		CERTIFICA	TE OF DEATH	Registered No.	66 10638
1. NA	AME OF DECEASED or Print) C. Richard	MAC	Lelland	10/		215 AM
3, PI	LACE OF DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Whe	ere deceased lived. If inst	titution: residence before admiss
H	ULL NAME OF OSPITAL OR Oddress or location MANY/AND	n)	give street	C. CITY OR TOWN (1) ou	BALTIM Itside city limits, write RU	
	40			118 Butler	/	53-00
5. SE	MALE White	WIDOWED	NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Manths Days Hours Mir
	USUAL OCCUPATION (Give kind of world				ign country)	12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)	Indu	strinl	LAY W/ back	0	U5A
	ATHER'S NAME	2 704	3,,,,,,	14. MOTHER'S MAIDEN NA	ME	
5,	Baymond Mach	Mand		BerTha CA	spari	
(Yes,	Vas Déceosed Ever in U. S. Armed For na arunknown) (If yes, give war ar date W. W.	s at service)	16. SOCIAL SECURITY NO. 214-12-1403	17. INFORMANT	rs Norma Mi	Ache MAN Glyndon, Md INTERVAL BETWEEN ONSET AND DEATH
76	18. 7		CAUSE O	OF DEATH	6 ISHITE RE	INTERVAL BETWEEN
	DISEASE OR CONDITION DI	RECTLY	0032			ONSET AND DEATH
	LEADING TO DEATH		(A) Pa	MASSIVE NOC	vosis of Tisse	e Tuomon765
	(This does not meon the made of		DUE TO	19 a 19 ga manususususususususususususususususususus		
	heart failure, asthenia, etc. It means injury or camplication which caused		1 1			
	ANTECEDENT CAUSES		(B) AV/2	rial occlusive	disense	several years
	DISEASES OR CONDITIONS, if	any, aivina	DUE 10	- 11-	1	1-1081 01
	rise to the above cause (A)		(C) 010	60715 Mellit	<i>. .</i>	1/4
	UNDERLYING CONDITION lost.					
TION	OTHER SIGNIFICANT CONDITIONS OF THE DEATH BUT NOT REL	ATED TO TH				
TIFICA		DITION FOR	HICH OPERATION	20A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE FI	INDINGS CONSIDERED
_	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		e, form, factory, street, o	n or about 21 C. WHERE DID office bldg., INJURY OCCUR?		City, give exact location)
	21D. TME (Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
>	OF INJURY (APPROX.)		ile At Not Whi	le 🗍		
		Wo			10//	10/23 196
	22. I certify that (1) (this haspita	-	10/23			
	that (I) (we) lost sow the decease		<u> </u>			ion death accurred on the
1	ond hour ond from the couses sto	ted obave.	(We) (did) (did not)	view the body ofter death.		
	23A. SIGNATURE		1			23B. DATE SIGNED
	Lecolton	Leno	M.D. Att	ending Med.	Staff Phys.	10/23/66
	23C. PHYSICIAN'S NAME (Type) Leighton Siege	1	M.D.	23 D. ADDRESS	we / /.	1/25071
244	BURIAL CREMATION, 24B. DATE	24C N.	AME of CEMETERY OF CR	EMATORY 24D	LOCATION ICIN	v. town, or county) (State
247	REMOVAL (Specify)  Burial Oct 25,		4		BAltimore	e 13, MA-4/Au
25 A.	DATE REC'D BY HEALTH DEPT.	- 46	of REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
VS 1	150-REV 1/1/65	1 410000	42 44044	DIVITY CCIUS	way own	193 MILLO, WO



R-260

66 BIRTH NO.	10659 MED		BALTIMORE CITY HEA			FATH Register	66 red No.	1065	9
M.E. CASE NO.	MLD	ICAL LA	MAMINALK 5	LKIIIICA	IL OI L	LATTINOSIS	100 1101_		
1. NAME OF D	ECEASED	.734			2. DATE AND	HOUR PRONOUNC	EQ DEAD		
(Type or Print)	KLAUS Eng	elbert	REISER		Octo	ber 21, 196	6	11:43	3 P.,
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO				deceosed lived. If inst	itution: resi		
				A. STATE Ma	ryland	B. COL		arford (	1
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET		<i>d</i>	corporate limits, write			iip)
NOITUTITZNI				Fa	llston		6	2-00	
3 3 John	s Hopkins Hos	nital		D. STREET ADD		give location)	-	M	
John	is Hopkins Hos	prear		30	0 Terrys	yde Court			
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIR		9. AGE (In years		1 Yr. If Unde	
Mala	TThina		DIVORCED(specify)	Oo+ 3	1, 1934	lost birthdoy)	Months	Days Hours	Min.
Male	White CUPATION (Give kind of wor		ried			0	12. CITIZ	EN OF	1
done during most o	f working life, even if retired)					· coomy	WHA	SA.	
Engin		Contail	ner Manufacti	14. MOTHER'S A	Many			•5 •66 •	
	selbert Raueis		16. SOCIAL		s Cronen	0 000	ADDRES		
	vn) (If yes, give wor or dote		SECURITY NO.	17. INFORMANT		200	Terry	syde Cor	art
No	,		280-34-7361	Mrs. Chr	ista L.	Reiser Fall	Iston.	Md. 210	047
18.	23.4		CAUS	SE OF DEATH				INTERVAL BE	
DISE	ASE OR CONDITION D	IRECTLY						ONSET AND	DEATH
	LEADING TO DEATH	1	(A) Crush	ned Chest.					
heort foilui	not mean the made of re, asthenia, etc. It means	s the diseose,	DIJE TO						
injury or o	complication which coused	deoth.)							
	ANTECENDENT CAUS	ES	483				- 53 70.		
DISEASES	OR CONDITIONS, IF	ANY, GIVING	DUE TO						
	THE ABOVE CAUSE (A) S TING CONDITION LAST.								
Z		75-78	(C)						
Ĕ	II	CONTRIBUTE	NO						
OTHER SI	GNIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO						William .	
I	OR CONDITION CAUSING		WINCH ORDANO	100 A ALIZORO	wa /V \ \ \ \ \	00D IF WEL WERE EL	NEW CO.	ONGERRO	
O S. DATE C	OF OPERATION 198. CON	REPORMED	WHICH OPERATION			20B. IF YES, WERE FI		ATH?	
	AL CAUSE WAS	210	PLACE OF INITIDY (o.o.	Yes		If in Rollimore City of	un avant le	Yes	
UNDERLYING	SEOR CONTRIB-	hometc.)	PLACE OF INJURY (e.g., e, form, foctory, street,	office bldg., INJUI	Y OCCUR?	ii iii boliliiiore City, gi	AG GYOCI II	53	-00
<b>一</b>	OSE OF DEATH.		Street		1, N. o	f Jerusalen	n Rd.,	Kingsv:	ille,
21 D TIME OF INJURY	(Month) (Doy) (Yes	or) (Hour)	21E. INJURY OCCURRED	21 F. H	DINI DID MOI	RY OCCUR?			
(APPROX.)	10 21 '66	P	WHILE AT NOT	WORX Dr	iver of	auto which	ran o	ff roady	way.
22.					d ab ab :	- Lasta danah tau			
	ertify that I held an					s basis, death in r		n	
res	ulted fram: Natural ca	uses	Accident X Sulci			Indetermined mann	er		
ACTU	()/		1/-	CHIEF	MEDICAL EX	AMINER		DATE SIG	SNED
SIGNA		sile d	Velly M.	D. ASSISTANT	MEDICAL EX	AMINER X			
	INER'S (Type) Charle	s S. Pe	tty, M.D.	ASSOCIATE	MEDICAL EX	AMINER _		10/22/6	D
23A, BURIAL CI REMOVAL (Spec		23	C. NAME of CEMETERY	or CREMATORY	23 D. LO	CATION (City	, town, or	county) (	(Stote)
Buria		-1966 F	Bel Air Memor	ial Garden	Bel	Air, Harf.	Co.	Md. 210:	14
	D BY HEALTH DEPT.		OF REGISTRAR		RAL DIRECTOR				
	OCT 24 1966	D. D. F	E Farkuna		Reidlein	112000	Air.	ay & Wi	
VS 151-REV. 1/	1/65 /	TO CALL	6, 6 0 1	0 6			arra	Md. 210	14
	11 56	media a		Joseph	Willian	n Foster			4

VICE THE SECOND 0 0 0 STATE OF A SHOW AS A SHOWN Table of the control the contract of the contract contract of the c CTTOM SECURITY ... Ant Help Is

VS 150-REV. 1/1/65

If Under 24 Hrs.

Heurs

INTERVAL BETWEEN

ONSET AND DEATH

Registered Na.

BALTIMORE CITY HEALTH DEPARTMENT 66 10660 BIRTH NO. CERTIFICATE OF DEATH Oct. 19, 1966

USUAL RESIDENCE (Where decessed lived, If institution; residence before edmission) (If eutside city limits, write RURAL end give tewnship If Under 1 Yr. Menths: Doys 12. CITIZEN OF WHAT COUNTRY? Nancy D'Alexandro - 245 Albemarle Street 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Beltimere City, give exact locetien) and that in(my) (aur) apinian death occurred an the date 23B. DATE SIGNED

IMPORTAN

FUNERAL DIRECTOR:

John ( Miller Inc-6415 Belair Rd. -21206



FUNERAL DIRECTOR: IMPORTANT

	NORMAN	COOPER	Oct.	13 , 1966	9:
3. PLACE OF DE	ATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Wh	ere deceased lived, If in	stitution: residence befo
FILL NAME (	No 116 and in honoidal		Md. B. COU	NIT	
HOSPITAL OR	address or location	or institution, give street n)	C. CITY OR TOWN (If o	utside city limits, write F	RURAL one give towns
35			BALTIMORE	0	11-0
0.11				rurol, give lacation)	MIN
CHURCH 5. SEX	HOME AND	HOSPITAL  7. MARRIED, NEVER MARRIED	6409 EAS		
Male	White	WIDOWED, DIVORCED (specify	)	9. AGE (In years last birthday)	Manths Days Hou
		Married Nos. Kind of Business or Indus	3-5-04 STRY 11. BIRTHPLACE (Stote or for	62	12. CITIZEN OF
done during most of	working life, even if refired)				WHAT COUNT
Bookke		Retired	MARY LAND		U.S.A
					-
TKAN	IK COOPE	Ces? 16. SOCIAL	ALVINA 17. INFORMANT	DCHINIDI	ADDRESS
(Yes, no or unknow	(If yes, give war ar date	es of service) SECURITY NO.			
No			59 Dorothy E.		
18. / 5	3,51	CAUS	Careimonatosis,	Intra abdomina	INTERVAL E
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	nat mean the made of asthenia, etc. It means	dying, e.g., DUE TO		***************************************	7.0.0
	nplication which caused	death.)			
injury at car		(B)		800 800 000 000 00 00 00 00 00 00 00 00	
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IMPORTAN

DIRECTOR:

FUNERAL

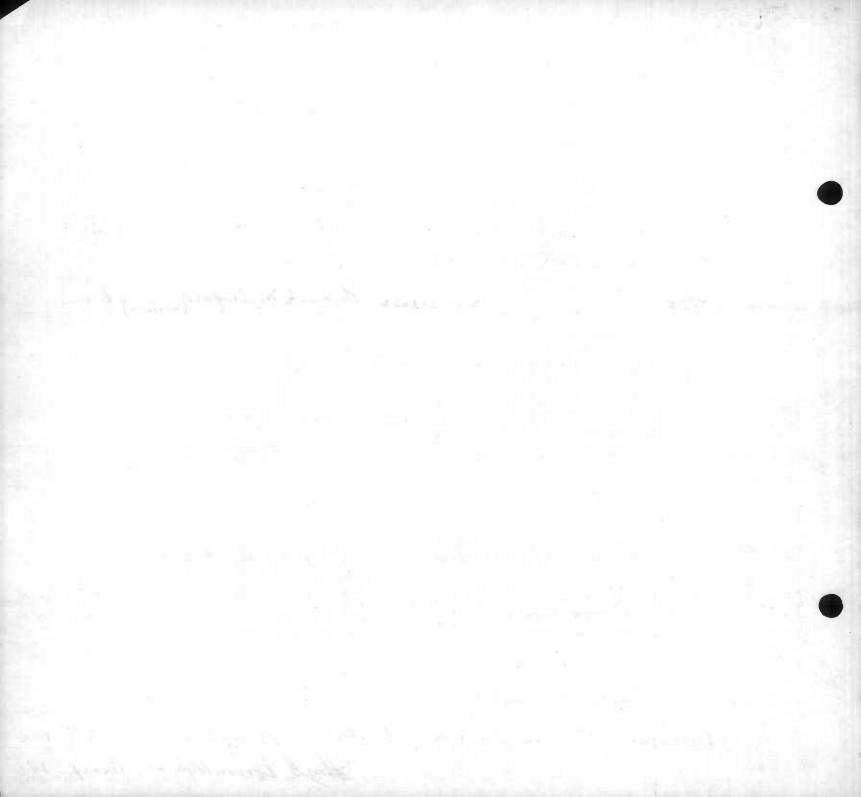
- CC 10CCA	BALTIMORE CITY	HEALTH DEPARTMENT	\ /	- 0 40001
BIRTH NO. 66 10664	CERTIFICA	TE OF DEATH	Registered No	66 10664
M.E. CASE NO.		DATE AN	ND HOUR OF DEATH	
Type or Print) NELLIZ JEANETTE		10-2	10-66	10:05 P
PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Who	1 TY	litution: rasidenca balara admissio
FULL NAME OF (If not in hospital or instinution address or location)	tution, give street	Maryland	Balto Co,	Balts (
MERCY HOST	DITAL INC.	BALTIMOR	L, #2	D.
31		HOT N: RI	VCRHDE	RD,
	ARRIED, NEVER MARRIED DOWED DIVORCED (specify)	8. DATE OF BIRTH 7-9-17	9. AGE (In years last birthdoy) 49	If Under 1 Yi. If Under 24 H Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind al work 10 B. Ki	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at fore	ign country)	12. CITIZEN OF
one during most of waiking lile, even if retired)  MACHINE OPERATOR CRO	H & BLACKWELL	MARYLY	twD	WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
CHARLES EDWARD	TROYER	CORA 7	-RIDING	ER
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown)(III yas, giva war ai dates af se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	7 /	ADDRESS
no	213-12-2662	Trederick m	· Confred (Has	band adora
18. 466 X I	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Mars	ive bilaterala	ulu ou a au	
(This does not mean the mode of dying	, e.g., DUE TO	rive bilateral p		17 1 200
heart failure, asthenia, etc. It means the di injury or complication which caused death.	sease,	Emberlizat	you !	12 00000
ANTECEDENT CAUSES	(B)		40-01-0-01-01-0-0-0-0-0-0-0-0-0-0-0-0-0-	
DISEASES OR CONDITIONS, if any,		0-00- 0-0	= 0 0 0 0 1	
rise to the above cause (A) statin	g the (C)	hable lower l	cy on gin	
II			1 0	
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION PARTIFICATION (R)	LAGE VER	O) 208. IF YES, WERE F	INDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examinar)	21B. PLACE OF INJURY (e.g., hame, lorm, foctory, street, o		(If in Baltimare	City, give exact location)
O 21D. TIME (Manth) (Day) (Year) (Hou	1) 21E INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
OF INJURY	While At Not Whi			
22. I certify that (1) (this hospital) atte			1966 to	16-20 196
that (1) (we) lost sow the deceased aliv	10			, ,
ond hour and from the couses stoted ob				nion deoth occurred on the d
23A. SIGNATURE	Over (1) (me) (eld) (ala not)	view the body offer deoth.		23B, DATE SIGNED
Asplian y with w	Own M.D. AH	ending Med. Director	Stall Phys.	10-20-66
23C. PHISICIAN'S NAME (Type)	in a sale	23D. ADDRESS	1/02812-01	a as Tilmor
STEPHAN J. WITTA	24C. NAME of CEMETERY or CR	MERCY		8 ALTIMORE  V. town, or county) (State
REMOVAL (Specify)	/	. /		y. town, or county) (State
Durial 1/4/66	Sardino 1 4	DEC FUNERAL DIRECTO	mill 10	ADDRESS
DAL DATE KEED OF HEALTH DELL _ 20% P	COUNTY OF BEDISTRAK A	IZUG. FMINERAL DIKECTO	B -	VDDKE33

VS 150-REV. 1/1/65

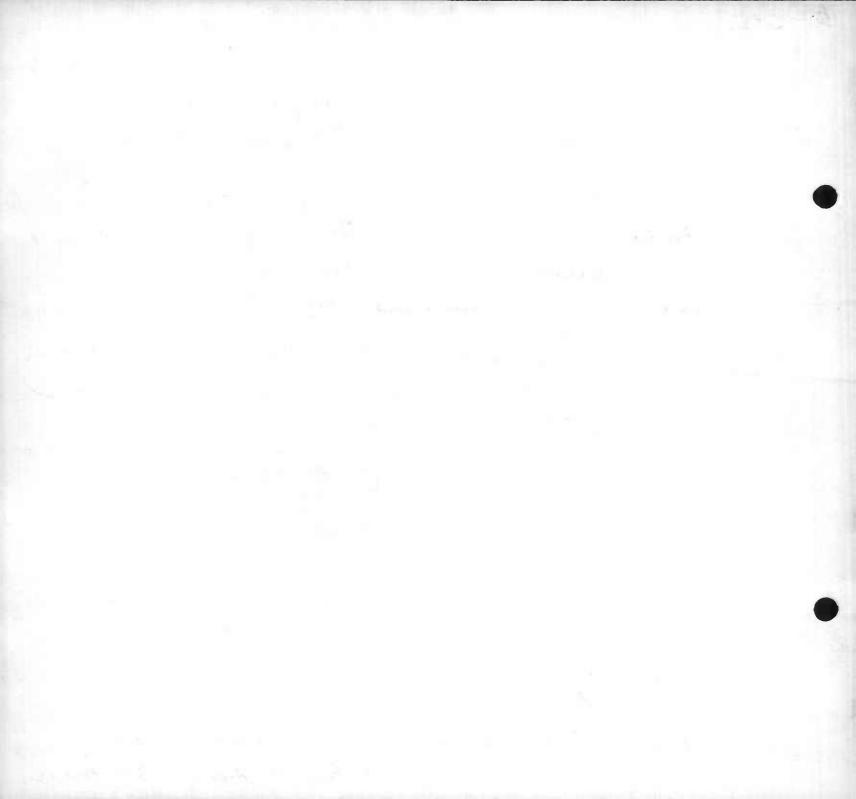
25A. DATE REC'D BY HEALTH

DIRECTOR

Cery-



	No. 66 10665		HEALTH DEPARTMENT	~/	00 10005
BIRTH I	NO. OO LOOO	CERTIFICA	TE OF DEATH	Registered Na	PP TODD
1, NAM	AE OF DECEASED		2. DATE AN	ID HOUR OF DEATH	
(Туре о	WILLIAM WASEA	WIEDERM	ANN I	0.21-6	6 1 /2:02 M
B. PLA	CE OF DEATH IN BALTIMORE, MARYLAND			re deceased lived. If in:	stitution: residence before admission)
			4		TIMARE (- )
HOS	L NAME OF (If not in hospital or institution, give address or location)	e street	C. CITY OR TOWN (IF OU	Iside city limits, write R	TIMORE ()1)
INST	TITUTION (1)	. 8	BAITIMO		Beltela
	Church Some & Hory	aly	D CERET ADDRESS HI	arred after the entire A	144
35	V		517 S. M	aryln MAR	33-00
5. SEX	6. RACE 7. MARRIED, N	EVER MARRIED	B. DATE OF BIRTH	9. AGEV(In years	If Under 1 Yr., If Under 24 Hrs.
1		DIVORCED (specify)	9-13-90	lost birthday)	Months Days Hours Min.
IOA. US	SUAL OCCUPATION (Give kind of work 10B. KIND OF B			ign ca(ntry)	12. CITIZEN OF
	uring most of working lite, even if retired)		Lerman	1	WHAT COUNTRY?
	THERS NAME		14. MOTHER'S MAIDEN NA	X.	USA
	17. 0 1.		A>		
	Faul Wedermann		Berlha		
	s Deceased Ever in U. S. Armed Forces? or unknown) (If yes, give war ar dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	+	ADDRESS
V	NK	45-24-5111A	char	)	
_	42018-210Y	CAUSE O	DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		2 - 11.		ONSET AND DEATH
	LEADING TO DEATH	(A)	ècule myo,	iording rufa	ich minne
	his does not mean the made of dying, e.g., earl failure, asthenia, etc. It means the disease,	DUE TO	J	U	
	jury ar camplication which coused death,)	1	GRUD ? 1.	611 1.	· House
	ANTECEDENT CAUSES	(B) J		Tracciss	i year
	ISEASES OR CONDITIONS, if ony, giving		(		/
	se to the abave couse (A) stating the NDERLYING CONDITION tast.	(C)			
-	ll				
ZO	THER SIGNIFICANT CONDITIONS CONTRIBUTING O THE DEATH BUT NOT RELATED TO THE	(1) - B.	lis Mulli	(-	
A D	O THE DEATH BUT NOT RELATED TO THE	Trace	us out	us	
U 19/	A. DATE OF OPERATION 198. CONDITION FOR WH	IICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	INDINGS CONSIDERED
CERTIF	)				
OB	A. ACCIDENT WAS UNDERLYING 21B. PI	ACE OF INJURY (e.g., in form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
	EATH (notify medical examiner) etc.)				
0 211	D. TIME (Month) (Day) (Year) (Hourl 21 E. II FINJURY	NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
E IA	PPROX.) While	At Not While			
22	. I certify that (I) (this haspital) attended the		10.20	10 6,0 1-	10.2/19 60
	at (I) (we) last saw the deceased alive an	/ D . 2			
				at in(my) (aur) apir	nian death accurred an the date
	d haur and from the causes stated abave. (1)	(We) (did) (did nat) v	iew the bady after death.		ORD DATE CICALED
234	A. SIGNATURE	M.D. Atte	nding Med.	Stoff Z	23B, DATE SIGNED
	/ Hulen	Phy	Director	Phys.	1 - 1 - 6
230	C. PHYSTCIANS NAME (Type)		23 D. ADDRESS	ic	ic .
	A.E. SUBO	NOG NR M.D.	emid	and of	rep
24A. B	URIAL CREMATION, 24B. DATE 24C. NAN	AE of CEMETERY OF CRE	MATORY 24D. L	OCATION (Ci	y, town, or county) (Stotel
^		ORELAND	6	BALTO	MD
25A. D		REGISTRAR AND	25C. FUNERAL DIRECTO		ADDRESS
	001 S # 1900 10 Collect	E Nowwe MA	5 0 000	28	300 more
\$ 150	-REV. 1/1/65		Jonnery	oons	joe more
A 3 100	-ne v. 1/ 1/ 0J		//		



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DIRECTOR:

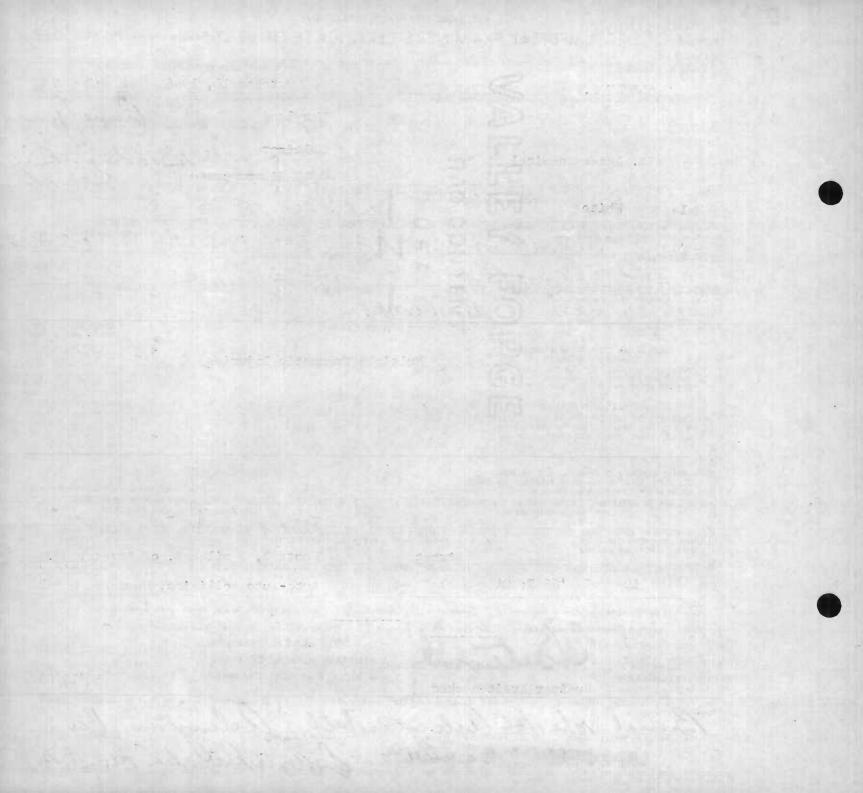
FUNERAL



4. USUAL RESIDENCE (Where deceased lived, If institution; residence and an arrangement of the state of the st ad Baltimore (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Mr Marion E. Walter Sr. 5007 Ross Rd INTERVAL BETWEEN ONSET AND DEATH 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in(my) (aur) opinion deoth accurred on the date eceased (City, town, or county) Longreen, Maryland SID FUNERAL ESTATE 736 Edm. Av.

Cothe total Romania Brokey Comme Fry ा करा के दें हैं। यह कि विकास Alles B Oner

(Type	ME OF DECEASED	D	4	La L	2. DATE AND HOUR PRONOU	INCED DEAD	
	or Print) ALBER	T T S	SCHAFFER		October 19, 19	66	8:30 A M.
3. PLA			HERE PRONOUNCED DEAD	4. USUAL RESIDE	NCE (Where deceased lived, If		
FULL I HOSPIT	TAL OR A	F NOT IN HOSPITA DDRESS OR LOCA	L OR INSTITUTION, GIVE STREET TION!	c. CITY OR TOW	ryland  N (If outside corporote limits,	In	ne see.
4	St. A	Agnes Hosp	ital		PCC ALL -1 1 1- 2 1	2000	armilled or wie
		White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	B 23 lost birthdoys 43	Months	1 Yr. If Under 24 Hrs. Doys Haurs Min.
done du	VAL OCCUPATION OF THE STANDARD		US. GOVERNME	IN EAST	LIVERPOOL O	High 12. CITIZE WHAT	CS A
I.To	SEPH	H.Sch	TAFFER	LILL	-IE MILL	5	
		ER IN U.S. ARMED s, give war ar date:		74 Mrs	Teraldine Let	Lafler	
	(This does not me heart failure, asther injury or complication of the complete	CONDITION DIF DING TO DEATH eon the made of inia, etc. It means it means it means it means cendent Cause ONDITIONS, IF A DVE CAUSE (A) ST ONDITION LAST.	dying e.g., the disease, death.)  S  (A) Mul DUE TO  OUE TO  (B)	ltiple Trauma	atic Injuries		ONSET AND DEATH
NOI-	TO THE DEAT	II ANT CONDITIONS OF THE BUT NOT REL NOTION CAUSING	ATED TO THE				g m m g g g m g m m 0 m m q d d d d d d d d d d d d d d d d d
F S	DISEASE OR COM	ATION IN CON	DITION FOR WHICH OPERATION	20 A. AUTOPSY	(Yes or Na) 20B. IF YES, WER	E FINDINGS CO	
TIFICA		WAS PERF	OKITED				Yes
MEDICAL CERTIFICA	A. EXTERNAL CAL NDERLYING TO CO TIME (Mon FINJURY 10	WAS PERF USE WAS CONTRIB- DEATH.	21B. PLACE OF INJURY hame, form, foctory, street  Street  7:30A WHILE AT	RRED 21F. HC		S. of Sa	vage, Md. Driver
MEDICAL CERTIFICA	A. EXTERNAL CAL NDERLYING TO CO TIME (Mon FINJURY 10  I certify th	WAS PERF	21B. PLACE OF INJURY hame, form, factory, street  Street  7:30A WHILE AT	RRED 21F. HC Autopsy X one uicide Homici	COCUR?  OUTE 1, 2 miles 5  OW DID INJURY OCCUR?  Ito-auto collision  I that an this basis, deothed	on, Dece	vage, Md. Driver ased was a
MEDICAL CERTIFICA	A. DATE OF OPER  A. EXTERNAL CAL  NORRLYING COR  TIME	WAS PERFUSE WAS CONTRIB- DEATH.  (Day) (Yeori 19 66  hot I held an Irroms Natural cal	21B. PLACE OF INJURY hame, form, factory, street  Street  7:30A WHILE AT WORK  Inspection	RRED 21F. HC AT WORK At Lord Homicia  CHIEF MI  M. D. ASSISTANT MI	WHERE DID (If in Boltimare Cit OCCUR?  DUTE 1, 2 miles (I DOWN DID INJURY OCCUR?  I that an this basis, deoth de Undetermined me EDICAL EXAMINER EDICAL EXAMINER	on, Dece	vage, Md. Driver ased was a
MEDICAL CERTIFICA	A. DATE OF OPER  A. EXTERNAL CAL NORRLYING COR C ING CAUSE OF  TIME FINJURY PPROX.)  I certify th resulted fr	WAS PERF USE WAS CONTRIB- DEATH.  19 66  hot I held an Irroms: Natural satural	21B. PLACE OF INJURY hame, form, factory, street  Street  7:30A WHILE AT WORK  Inspection	RRED 21F. HC Autopsy X onc uicide Homici CHIEF MI ASSOCIATE M	AND COLORS  WHERE DID (If in Boltimare City OCCUR?  DUTE 1, 2 miles (Sow DID INJURY OCCUR?  Atto-auto collision  I that an this basis, deeth  de Undetermined materials of the colors of	on, Dece	vage, Md. Driver ased was a  DATE SIGNED  10/19/66



IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



FUNERAL DIRECTOR: IMPORTANT

00 10070	BALTIMORE CITY H	HEALTH DEPARTMENT	- 6	66 10670
M.E. CASE NO. 66 10670	CERTIFICAT	E OF DEATH	Registered No.	2290,70
INAME OF DECEASED  Type or Print)  MOYWOOD Ger	ngl J.		SOU HM	October 22, 1966
RATE OF DEATH IN BALTIMORE MARYLAND FULL NAME OF III not in hospital or institution, g	ENDED give street	A. STATE 8. CO	1 Balt	tution: residence before odmission)
HOSPITAL OR oddress or locotion)		Bulti	outside city limits, write RU  Lucu Tura  (If rural-give location)	( -9
Manyland beneral	perpendi	36 8	Prester	Birth-Day May 15, 1905
Male White WIDOWED	O, DIVORCED (specify)	15act 0	261	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF done during most of working life, even il retired)	BUSINESS OR INDUSTRY	Bello	meign country)	12. CITIZEN OF WHAT COUNTRY?  AMerican
Cornelly mor	wood	4. MOTHER'S MAIDEN N	re Var	
5. Was Doceosed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service) 1942-1945	16. SOCIAL SECURITY NO.	7. INFORMANT	Mrs. Charles	ADDRESS Rd. Bal. Yoe 3509 Old Fred
18. 420.11	1350 CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Co	vonary f	members i	Cdays.
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO			
injury ar camplication which coused death.)				
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the	(C)			
UNDERLYING CONDITION lost.		######################################	90 5 0 0 5 6 1 0 0 0 5 5 5 0 0 0 0 0 0 0 0 0 0 0 0 0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	3 E			6
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208 IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g., in e., form, foctory, street, offi	or obout 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
W OF INTURY	INJURY OCCURRED  ile At  Not While  At Work	21 F. HOW DID	NJURY OCCUR?	
22. I certify that (I) (this hospital) attended the		01/1/	19 66 to 10	122 1961
that (I) (we) lost sow the deceased alive on	15/22/11	19ond	that in (my) (our) opini	on deoth occurred on the do
and hour and from the causes stated obove. (1				
23A. SIGNATURE				23B. DATE SIGNED
Dawy Chillperse	M.D. Atten		Stoff Phy s.	10/22/61
23C. PHYSICIAN'S NAME (Type) Daniel C Wilkers	0 % M.D.	JZI Ree	ester au	re Bacto.
24A. BURIAL CREMATION, 24B. DATE 24C. NA	AME of CEMETERY OF CREA	AATORY 24D	LOCATION (City,	, town, or county) (Stote)
	Balto. Nat. Cem	1. F	Balto. Md.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECT	#17B	ADDRESS
UGA 24 1966 (122)	5 ED Stallbeight	G. Trumah S	chwab 3512 Fre	derick Ave. Balto.

Affilia Francia San Wali . man un gall Sai AND THE RESERVE OF THE STREET MAYashias

BALTIMORE CITY HEALTH DEPARTMENT

If Under 1 Yr. Months: Doys

If Under 24 Hrs. Hours

12. CITIZEN OF WHAT COUNTRY? U15

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

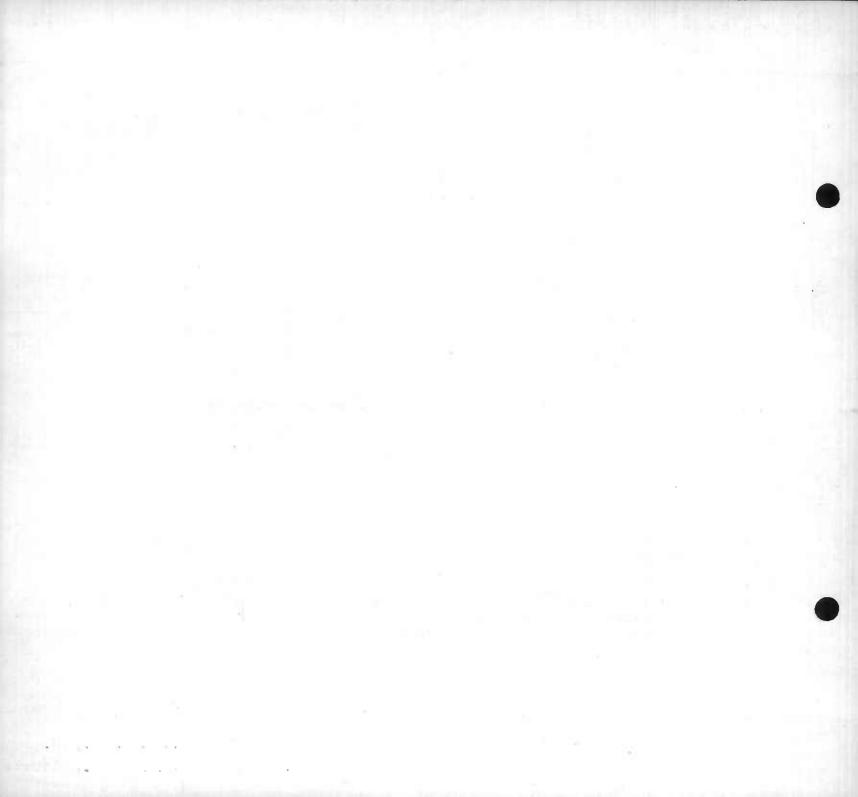
(If in Boltimore City, give exact location)

Holy Cross Cemetery Ritchie Hgwy., A. A. Co. Md.

Gence-4001 Ritchie Hgwy. Baltimore

VS 150-REV. 1/1/65

IMPORTANT DIRECTOR: FUNERAL





IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/65

MALE  CORRES   WIDDWCD, DIVORCED (specify)   Next. 27, 1999   Its brithdy   Months: Days   Not done during maid of working life, even if refired)   No. 27, 1999   Its brithdy   Months: Days   No. 27, 1999   Its brithdy   Its b	Type or Print)	CEASED OLIVER FORRE	*,	2. DATE AND HOUR OF	1966 7:00 A
MALE  COLORATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)  MODWED  MODW	FULL NAME HOSPITAL OF	OF (If not in hospital oddress or location	or institution, give street	A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits BALTIMORE D. STREET ADDRESS (If rurol, give loco	, write RURAL and give township)
10. USLAL OCCUPATION (Give kind of working life, even if relized)   10. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stude or foreign country)   12. CHIZEN OF WHAT COUNTY   13. FATHERS NAME   14. MOTHERS MAIDEN NAME   14. MOTHERS MAIDEN NAME   15. Wos Descende Ever in U, S. Armed Forces?   16. SOCIAL   17. INFORMANT   ADDRESS   15. Wos Descende Ever in U, S. Armed Forces?   16. SOCIAL   17. INFORMANT   ADDRESS   18.   19.			WIDOWED, DIVORCED (specify)	and an interpolation lost birthdoy)	Months Doys Hours M
13. FATHERS NAME    14. MOTHERS MAIDEN NAME   14. MOTHERS MAIDEN NAME   15. Wes Deceased Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT   ADDRESS   18.   18.   19.					12. CITIZEN OF WHAT COUNTRY?
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) PULMONARY EMBOLISM  HOUZS  (A) PULMONARY EMBOLISM  HOUZS  DUE TO  DUE TO  OF CONDITIONS, if any, giving inseled to the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving inseled to the disease (A) stating the UNDERLYING CONDITION last,  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  199A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED CARENAMA OF RECTUM OR CONTRIBUTING OCCURRENCE ON THE OCCURRENCE OF CONDITIONS CONSIDER IN CERTIFYING CAUSES OF DEATH?  OCT. 1, 1, 46 6  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH?  OCT. 1, 1, 46 6  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH?  OR CONTRIBUTING CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH?  OR CONTRIBUTING CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH?  OR CONTRIBUTING CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH?  While AT Work AT WOR	.Z=0	FORRES	ces? 1 6. SOCIAL	Abbey FRAN	ADDRESS
NATECEDENT CAUSES   DUE TO	DISE	LEADING TO DEATH	ECTLY	DF DEATH	INTERVAL BETWEEN ONSET AND DEAT
DISEASES OR CONDITIONS, if any, giving itse to the above cause (A) stating the UNDERLYING CONDITION last.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.    OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.    OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.    OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.    OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONTRIBUTION CAUSING IT.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONTRIBUTION CAUSING IT.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION COURSES OF DEATH?    OTHER SIGNIFICANT CONDITIONS CONTRIBUTION COURSE OF POST OR CONTRIBUTION COURSES OF DEATH?    OTHER SIGNIFICANT CONDITIONS CONTRIBUTION COURSE OF POST OR CONTRIBUTION COURSES OF DEATH?    OTHER SIGNIFICANT CONTRIBUTION CAUSING CONTRIBUTION COURSES OF DEATH?    OTHER SIGNIFICANT CONTRIBUTION CAUSING CONTRIBUTION COURSE OF POST OR CONTRIBUTION CAUSING CONTRIBUTION COURSES OF DEATH?    OTHER SIGNIFICANT COURSE OF POST OR CONTRIBUTION COURSE OF POST OR CONTRIBUTION COURSE OF POST OR COURSE O	heart failure	e, asthenia, etc. 11 means emplication which coused	dying, e.g.,		PAYS
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED CARCINOMA OF RECTUM  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR?  While At Work At Work  22. 1 certify that (1) (this baspital) attended the deceased from At Work  22. 1 certify that (1) (this baspital) attended the deceased from At Work  23A. SIGNAFURE  23B. DATE SIGNED	rise la l	he abave cause (A)	any, giving		MOUTHS
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED CARCINOMA OF RECTUM  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID NJURY OCCUR?  DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED  OF INJURY (APPROX.)  22. 1 certify that (1) (this hospital) attended the deceased from Mork At Work  22. 1 certify that (1) (this hospital) attended the deceased from DEATH (1) (we) lost sow the deceased alive on DEATH (1) (We) (did) (did not) view the body ofter death.  23B. DATE SIGNED	OTHER SIG	DEATH BUT NOT RELA	TED TO THE	TIVE EVICERATION	DAYS.
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year) (Hour) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED While At Not While At Work  22. I certify that (1) (this bospital) attended the deceased from that (1) (we) lost saw the deceased alive on DET: 29 19 66 and that in (my) (our) opinion death occurre and hour and from the causes stated above. (I) (We) (did) (did not) view the body ofter death.  23B. DATE SIGNED	19A. DATE (	, 1966 WAS PERI	FORMED CARCINOMA OF RECTUA	1 IN CERTIFY	NG CAUSES OF DEATH?
21D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work 21F. HOW DID INJURY OCCUR?  While At Work 22. 1 certify that (1) (this baspital) attended the deceased from 100 yr 19 66 to 061. 23  that (1) (we) lost sow the deceased alive on 100 yr 19 66 and that in (my) (our) opinion death occurre and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.  238. DATE SIGNED	OR CONTRI	BUTING CAUSE OF	home, form, foctory, street,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	Boltimore City, give exact location)
that (1) (we) lost sow the deceased alive on	S OF INJURY	(Month) (Doy) (Yeor)	While At Not Wh	ile 🗀	
	that (1) (we and hour a	e) lost sow the deceose and from the couses stot	d olive on Det.	28 19 66 ond that in (my) (o	ur) opinion deoth occurred on the
23C. PHYSICIAN'S NAME (Type)  7. DE LEON, JR.  M.D. Attending Med. Director Phys. 2 /0-23-46  23D. ADDRESS M.D.	23 C. PHYSIC	IANS	Ph	23D. ADDRESS	

2009 J. J. L. 1969. PULLET SHE SHELLEST THE PROPERTY AND ASSESSED PERSONAL PARTICIPATION OF THE PERSON NAMED IN COLUMN NAMED IN The course or graduance Christiania or Associate Sec. 11, 1000

		66 1067	6	BALTIMORE CIT			Paulatavad Na	66 10676
M.E.	NO. CASE NO.			CERTIFICA	ATE OF			00 10070
1. NA	ME OF DECEAS	ED					ID HOUR OF DEATH	
		Walter		n		Octo	ber 23, 196	56 3:p
3. PL/	ACE OF DEATH	IN BALTIMORE, MA	RYLAND		4. USUAL A. STATE	RESIDENCE (Whe B. COUN	re deceased lived. If in	stîtution: residence before admissi
EII	LL NAME OF	(If not in hospital	as institution	ave sheet		Mar	yland	
HO	SPITAL OR	oddiess or locotio		give sheet	C. CITY OF			RURAL and give township)
INS	SITUTION	Providen	t Hospi	tal		Ral	timore	15-16
	39	1514 Div	ision S	treet	D. STREET	ADDRESS (If	rurol, give location)	
		Baltimor	e. Mary	land 21217		172	8 Ashburton	Street
5. SEX	6.	RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF	BIRTH	9. AGE (In years lost birthday)	If Under 1 Yi. If Under 24 I
M	Tale	Negro		o, DIVORCED (specify)	May 1,	1900	lost birthdoy)	Months Doys Hours Min
		TION (Give kind of wor		BUSINESS OR INDUSTR	Y 11. BIRTHPL	ACE late of fore	pri-	12. CITIZEN OF
		sing life, even if retired)						WHAT COUNTRY?
			ļ .			more, Ma		U. S. A.
13. FA	ATHER'S NAME				14. MOTHE	R'S MAIDEN NA	ME	
		unknown					unknown	
15. W	as Deceased Ev	er in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORM	ANT	TO	566-8416
ires, n	io oi unknowni (If	yes, give wor or dote	es or service)	SECURITY NO.	0 **	5.4		
19.		- A.		212-28-722	3 Helen Of DEATH	Dixon-W	11e	Same INTERVAL BETWEEN
118	8. 199	102		CAUSE	OF DEATH			ONSET AND DEATH
		OR CONDITION DI	RECTLY	~				0 20 11 30
(		mean the mode of	dying, e.g.,	(A) Car	cinomat	osis Wit	n extensive	9-29-thru-10-
l h	neoit failure, ast	henio, elc. 11 means	the disease,		liver 1	nvolvmen	t.	
["		cotion which caused TECEDENT CAUSES		/ RA				
				DUE TO	***************************************		ba \$= \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
		CONDITIONS, if above cause (A)		(C)				DARIMMA <b>4</b> AAAAAAAAAAAAAAAA 000000000000000000000
		ONDITION last.						9
		II						
		ANT CONDITIONS (						
	DISEASE OR CO	NDITION CAUSING	IT.					
ERTIFIC	9A. DATE OF OI	PERATION 198. CON	FORMED	WHICH OPERATION	20 A. AU	TOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
ER								
0 2	OR CONTRIBUTION	WAS UNDERLYING TO CAUSE OF		PLACE OF INJURY (e.g.	office bldg., IN	JURY OCCUR?	(It in Boltimor	e City, give exact location)
CAL	DEATH (notify me	edicol exominei)	etc.					
2	DE TIME (A	Nonth) (Doy) (Year)	(Hour) 21 E	. INJURY OCCURRED	21	F. HOW DID IN	IURY OCCUR?	
WE	APPROX.)		WH	nile At Not W	hile			
		. (1) (.1)	1 1 1			20	10.66	ober 23, 1966
				he deceased from				
				October 2			nat in(my) (aur) api	nian death accurred an the
		am the causes sta	ted abave. (	I) (We) (did) (did nat)	view the bo	dy after death.		
2:	3A. SIGNATURE	L-						23B. DATE SIGNED
	Kela	nd ).	1 1		ttending	Med. Director	Stoff Phys.	October 24, 19
	3C. PHYSICIAN'S		TUT		23D. ADDRES	SS	· · · · · · · · · · · · · · · · · · ·	
2		,						
2	NAME (Type		SM007	M.I	1514	Divicion	Street-Bal	timore 17 Manual
	ROL.	AND T.			1			
	ROL.	110N, 24B. DATE		AME of CEMETERY OF C	1			
	NAME (Type	110N, 24B. DATE	24C. N	AME of CEMETERY of C	1	24D. L		
24A.	NAME (Type ROL. BURIAL CREMA REMOVAL (Spec	100, 248. DATE 10-27-	24c. <b>n</b> 66 Ba	AME OF CEMETERY OF C	REMATORY	24D. L	Saltimore,	ity, town, or county) (State
24A.	BURIAL CREMA REMOVAL (Spec	100, 248. DATE 10-27-	24c. <b>n</b> 66 Ba	ame of CEMETERY of C	REMATORY	24D. L	ocation (c	Maryland

L. S. Mary Carl, Incast ....

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IMPORTANT

DIRECTOR:

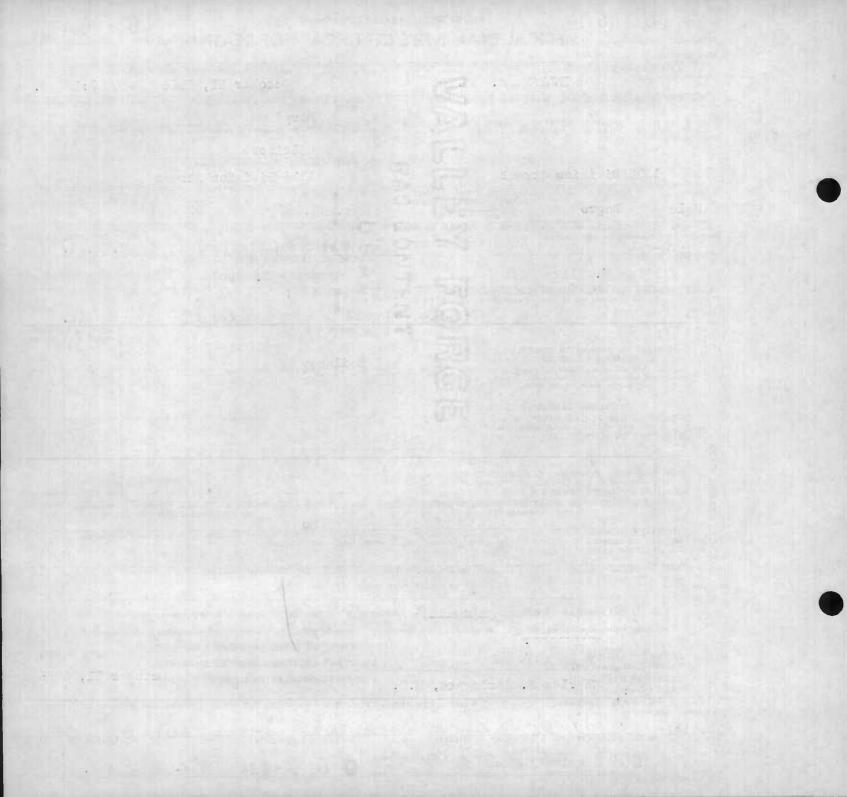
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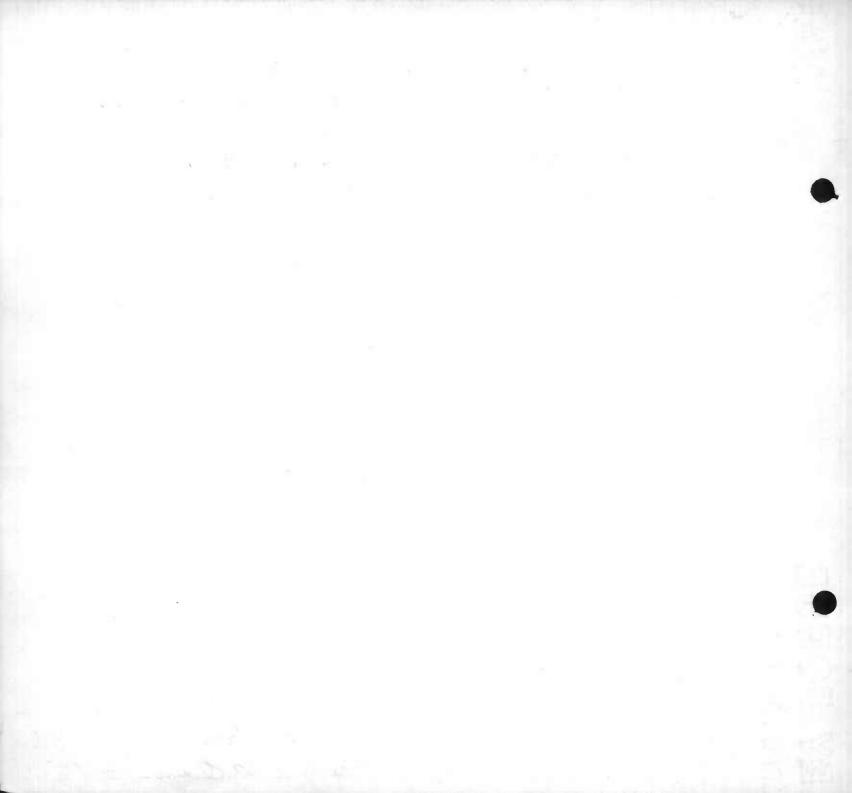
MUMBER OF THE STREET WAS A STREET OF THE STR

(Type or Print)	WILLI	AM R.	BLAKE		October	21, 1966		7:10 A.
3. PLACE IN BALTI	MORE MARYLAND, WI	HERE PRONOL	UNCED DEAD	4. USUAL RESIDE	NCE (Where dece	osed lived. If ins	titution: residenc	ce before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUTION	UTION, GIVE STREET	C. CITY OR TOW	ryland N (If outside com	pointe limits, with		
00 133	6 Division S	treet		D. STREET ADDRE	36 Divisi		t	
5. SEX Male	Negro	WIDOWED,	NEVER MARRIED DIVORCED(specify) arated	B. DATE OF BIRTH Dec. 19,	9	AGE (In years ost birthday)	If Under 1	Yr. If Under 24 Hrs. ys Hours Min.
done during most of we	orking life, even if retired)		er Backery	Baltimo	ore, Mary			S. A.
13. FATHER'S NAM	am R. Blake			Delaph	ine Rings	gold		
(Yes, no or unknown)	EVER IN U.S. ARMED		SECURITY NO.	17. INFORMANT	Albert Daniel	1776	ADDRESS	- C+
NO NO DISEAS	3 3 I	IECTI V	212-01-3769 CAUSE	OF DEATH	thy berk.	rey 1556	IN.	TERVAL BETWEEN
DISEASES OR  OTHER SIGN TO THE UNDERLYIN  OTHER SIGN TO THE UNDERLYIN  OTHER SIGN TO THE UNDERLYIN	PICONON which coused of CAUSE.  OR CONDITIONS, IF ALL ABOVE CAUSE (A) ST G CONDITION LAST.  II  IFICANT CONDITIONS (DECATH BUT NOT REL CONDITION CAUSING OPERATION [198, CON]	S NY, GIVING ATING THE	THE		(Yes or No)  208.	AF VEC MERE E		
21 A. EXTERNAL O UNDERLYING	CAUSE WAS OR CONTRIB-	ORMED 21B.	PLACE OF INJURY (e.g., e, form, foctory, sheet,	No	HERE DID (If in	CERTIFYING CAU	ISES OF DEATH	H?
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		WHILE AT NOT WORK	WHILE	W DID INJURY C	OCCUR?		
result ACTUAL SIGNATU	IRE COMES	J.	Accident Suicid	Homicid CHIEF ME	DICAL EXAMI	termined mann	er [	DATE SIGNED 21, 1966
EXAMINI NAME (T	vpe) Charles							



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



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BALTIMORE CITY HEALTH DEPARTMENT

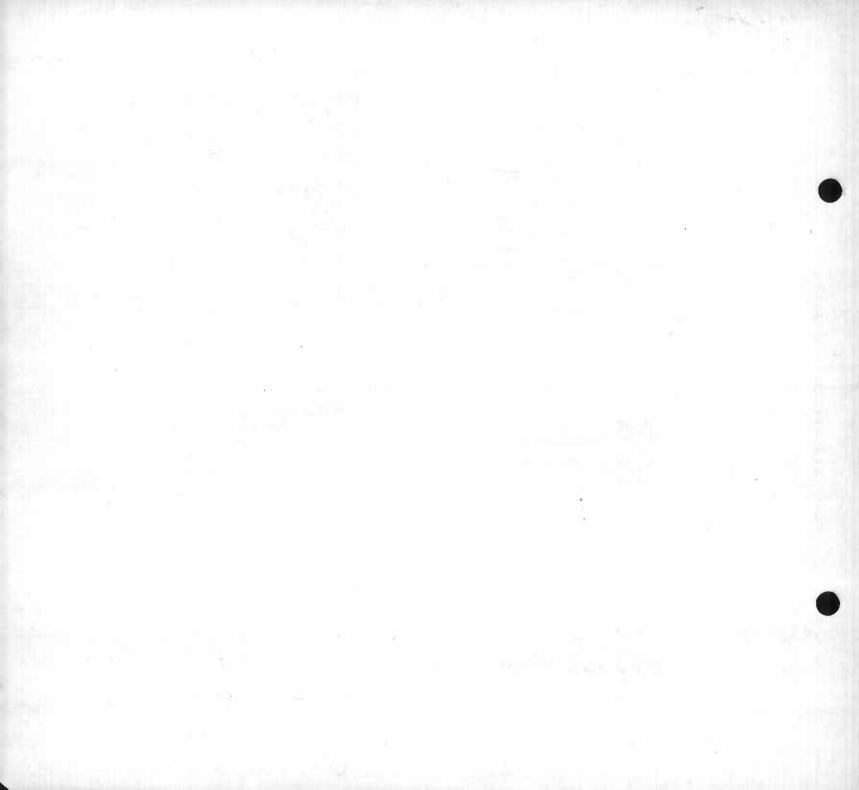
BIR	TH NO. 00 10001	CERTIFICA	TE OF DEATH	Registered Na.	66 10681
1.1	E. CASE NO.  NAME OF DECEASED  pe or Print)	/.	2. DATE AN	ND HOUR OF DEATH	
	PLACE OF DEATH IN BALTIMORE MARYLAND THE FAYETTE CON	A NIV A (NANNI) VALESCENT	4. USUAL RESIDENCE (Whe A, STATE B, COUN	te deceased lived. If insti	tulion: residence before admission)
	FULL NAME OF (If not in hospital or institution oddress properties)		C. CITY OR TOWN (If gu	itside city limits, write RU	RAL ond give township)
	1101 - 05 E. FAYETT			rural, give location)	6-02
5	BALTIMORE, ME	S. ZIZUZ	250/E7G	Kette S	<del>(.</del>
3.		OWED, DIVORCED (specify)	3-4-78	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	N. USUAL OCCUPATION (Give kind of work 10 B. KIN te during most of working life, even if refired)  FIRS T	ESTAURANT	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
13.	WILLIE S. STRE	ET	14. MOTHER'S MAIDEN NA VIRGINIA	-	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no orunknown) (If yes, give wor or dotes of ser	16. SOCIAL SECURITY NO. 2/7-01-2930A	17. INFORMANT		ADDRESS 50/E- Fayette St
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O	M Alsture &	The turn	INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, heart failure, asthenio, etc. It meons the dis injury or complication which caused death.)	e.g., DUE TO	Pullane	Odow	18
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, grise to the obove cause (A) stating UNDERLYING CONDITION last.		everal an	afaila	4
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or N	ON CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID INJURY OCCUR?	(If in Baltimore (	City, give exact location)
MEDI	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At Not While Work At Work		JURY OCCUR?	
	22. I certify that (I) (*his hospital) attentiat (I) (*we)-lost saw the deceased alive			1922 ta	17-20-1966
	and have and from the dayses stated abo	//		-	on death occurred an the dote
	23A. 51GNATURE William	Glen & M.D. Atte	ending Med.	Stoff Phys.	3B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) W/LL/AM	GGEVERMO.	23D. ADDRESS 156 11	Millor	is lot.
24	BURIAL 10-26-66	30LTO. NATIO			town, or county) (State)
1125	DATE BEC'D BY HEALTH DEDT . DER WA	AARAGE DECISTRAS	DEC ELINEDAL DISCOSO		ADDRESS



	H NO.	WED	CAL EX	AMINER'S C	ERTIFICAT	E OF I	DEATH Registe	ered Na		
	AME OF DEC		Linwood	BRYSON			er 23, 1966	ED DEAD	11:20	P.,
FULI	NAME OF	MORE, MARYLAND, W  (IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTITUTION)	UTION, GIVE STREET	C. CITY OR TOV	aryland		אַדאַנ		
7	9		07202	(202			elawn Read	NE.		
5. SI	x Male	White	WIDO WED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years lost birthday) 58	If Under 1 Months D	Yr. If Under a	24 Hrs. Min.
	during most of w	PATION (Give kind of work orking life, even if retired)	-	BUSINESS OR INDUSTR		State or foreign			COUNTRY?	
13. F	ATHER'S NAM				14. MOTHER'S M			100		4
16 14	AC DECEASE	HARRY BR		114 60 6141		ey F.	WHEELER	ADDRESS		
Yes,	no or unknown)	O EVER IN U.S. ARMED (If yes, give war or dote	s of service)	16. SOCIAL SECURITY NO.	Mrs. But	la E. T	Super. 340		elaun P	Bul
ERTIFICATION	hear foilure, injury or con  A DISEASES ( RISE TO THI UNDERLYIN	ot mean the mode of osthenio, etc. It means plication which coused NTECENDENT CAUSE OR CONDITIONS, IF A BOVE CAUSE (A) ST G CONDITION LAST.	the disease, death.)  S NY, GIVING FATING THE							
CERTIFI	DISEASE OF	OPERATION 198, CON WAS PER	DITION FOR		20 A. AUTOPSY	? (Yes or No)	208 IF YES, WERE FI			
CAL	ETA. EXTERNAL JINDERLYING	OR CONTRIB-		PLACE OF INJURY (e.g., , form, foctory, street,		HERE DID	Yes (If in Boltimore City, gi	ve exoct loc	otion)	
Σ	OF INJURY	(Month) (Doy) (Yeor	v	VHILE AT NOT	WHILE ORK	OW DID INJU	JRY OCCUR?			
		ER'S Charles	nquiry A		le Homici	de U EDICAL EX EDICAL EX	CAMINER X	er 🗌	DATE SIGN	
REM	BURIAL CREA OVAL (Specify BUTELA	AATION, 238 DATE	-66	C. NAME OF CEMETERY  PARKWOOD  OF REGISTRAR	GEMETER	-	BALTO M		unty) (Sto	ote)
		ICT 24 1966	Robert	E. Farbura	0	achie	lle - 2334	left	erson &	- Z
VS 1	51-REV. 1/1/6	5	4 3	2 10 47 .	- PA 0	41 6		011		4.4

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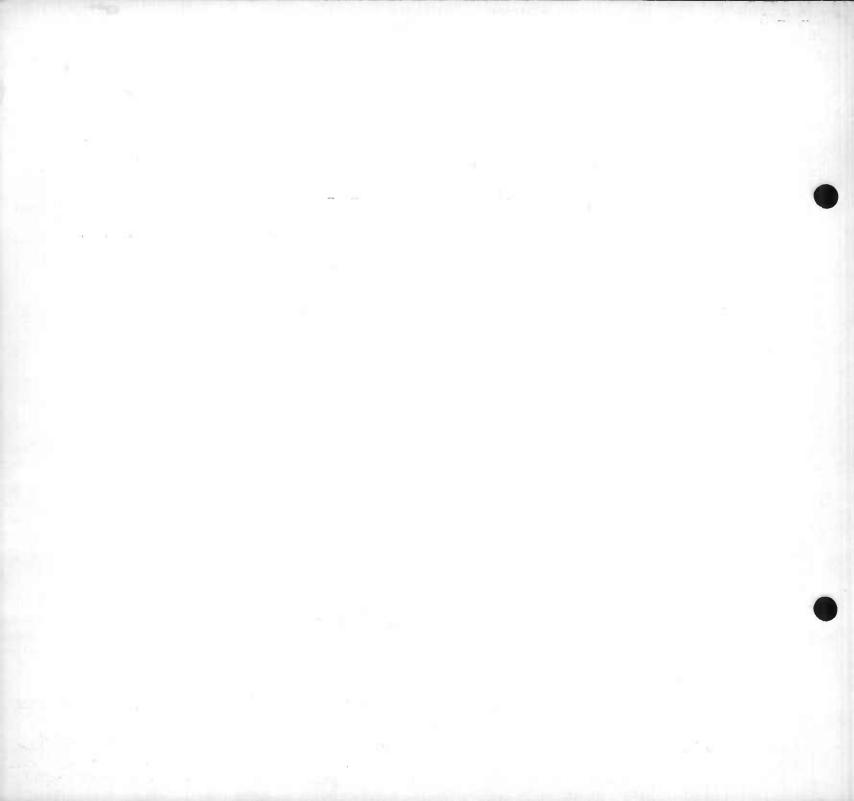
1 .	00 40000	BALTIMORE CITY	HEALTH DEPARTMENT		00 10000
	1H NO. 66 10683	CERTIFICA	TE OF DEATH	Registered Na	. 66 10683
1. N	E CASE NO.  IAME OF DECEASED LORENZO DI FRA	NCESCO	2, DATE	AND HOUR OF DEATH	н
	pe or Print)	FRANESCO	0	7. 22, 1966	12:30 p. M.
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND	JOHN PSCU	4. USUAL RESIDENCE (W		
			A. STATE 8. COL	YTML	
	FULL NAME OF (If not in hospital or institut	ion, give street	Mary/Ind		
	HOSPITAL OR address or location) NSTITUTION		C. CITY OF TOWN (IF	outside city limits, write	e RURAL and give township)
	MARGLAND G	EN. HOSPITAL	Baltimor	~	3-02
	.10		D. STREET ADDRESS	If rural, give location)	7000
	40		919 Str/	es 54.	
5. 9	EX 6. RACE 7. MAR	HED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	m (11)	William CED (Specify)	pc/10/cc	lost birthday	Months Doys Hours Min.
IOA	USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country)	12. CITIZEN OF
	e during most of working life, even if retired)	/	7/1		WHAT COUNTRY?
	/ai/or /	ai/oring	1/2/9		USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	Park di F	7		ARIA MI	EA
16	Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	ARIA //	ADDRESS
(Ye	s, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	17. INFORMANT	1	1
	no	213-09-9135	So neace	Trap18/1	11 - 70 4 S. 12 tomo
_	18. 119 0 11	CAUSE O	F DEATH	//	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		A	0 10	ONSET AND DEATH
	LEADING TO DEATH		andias.	on hather	. 40
	(This does not mean the made of dying,	e.g., DUE TO		J.	
	heart foilure, asthenia, etc. It means the dise		0	7	
	injury ar complication which coused deoth,)	(m) E	Butern sile	taile	
	ANTECEDENT CAUSES	DUE TO		0 1	:
	DISEASES OR CONDITIONS, if ony, gi	ving	Biterio Rile	rote Cara	wowakular
	rise to the obave cause (A) stoling UNDERLYING CONDITION lost.	the (C)	06	seast	
	ONDERENTO CONDITION 1031,				
z	OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS	TIME			
ATION	TO THE DEATH BUT NOT RELATED TO				
Y	DISEASE OR CONDITION CAUSING IT.	COR WILLIAM CREATION	20A. AUTOPSY? (Yes or	No. 200 IE Ves MED	S EINDINGS CONSIDERED
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION I	OK WHICH OPERATION	ZVA. AUTOPST! (Tes of	IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
ERT			ged.		
O.	OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltim	ore City, give exact locotion)
AL	DEATH (notify medical examiner)	etc.)			
EDIC	21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
ME	OF INJURY	While At Not Whil			
	(APPROX.)	Work At Work			a la nuestra
	22. I certify that (1) (this haspital) attend	ed the deceased from	Oct. 5	19 66 to	Oct. 22 1966.
	that (I) (we) last saw the deceased alive	Box	19 66 and		pinion death accurred on the date
					printed details detailed all the date
	and haur and from the causes stated above	/e. (I) (We) (did) (did not) v	iew the body after deatl	h.	
	23A. SIGN AT URE				23B. DATE SIGNED
	Hole- fine fabr	endry o M.D. Atte	ending Med.  Director	Stoff Phys.	Oct. 22,1466
	23C. PAYSICIAN'S		23 D. ADDRESS		
	NAME (Type)	M.D.	Marca	=======================================	
			11D. GEN	ERAL HOS	PITAL
24/	A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRI	MATORY 24D.	LOCATION	(City, town, or county) (State)
1	34.5.1 10-95-66	HOLYPEDEFN	IFR LU	LO Paplas	IRS Ball acol.
25/	A. DATE REC'D BY HEALTH DEPT.   258. NA	ME OF REGISTRAR	25C. PUNERAL DIRECT	OR IN COMP	ADDRESS
		a Catalana	7 30 00	00-1	a 200 CHEL 41
	OCT 2 4 1966 (1)	S. S. S. Manson, Mar	J Jacan KO	relia live	1322 S. Trall +8
VS	150-REV, 1/1/65				



I.NAME OF DI		Tolson			tober 24. 19		0.0
3. PLACE OF D	EATH IN BALTIMORE, MA			4. USUAL RESIDENCE (	Where deceased lived. If	66 6:50	odmission)
FULL NAME	OF (If nat in haspitol	or institution, g	give street	1		4	
HOSPITAL O	Provider		tal	II		RURAL and give tawnship	. /
20	1514 Div			D. STREET ADDRESS	(If rurol, give locotion)	- J June C	2
97	Baltimor	e, Mary	land 21217	11	35 Tiffany C	ourt	
SEX	6. RACE		NEVER MARRIED  DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 1 Months; Days Hours	der 24 Hrs. Min.
Male	Negro CUPATION (Give kind of wo	Wid	owed BUSINESS OR INDUSTRY	Aug. 5, 1877	foreign country)	12, CITIZEN OF	
done during most	of warking tife, even if retired)	Bank				WHAT COUNTRY?	
13. FATHER'S N		Dank		Baltimore,	Maryland	U, S. /	A .
	u#k#s#h	Frank	Tolson	Henrietta	HANK INDONESTICAL		
15, Was Deceas	ed Ever in U. S. Armed Fo wn) (If yes, give wor or do	rces?	1 6. SOCIAL	17. INFORMANT	- 101 7027	5504 Richmon	2 4
No.	will yes, give wor of do	or selvice)	SECURITY NO.	Mrs. Aline	Davis-sister	College Park	nd Ave.
1B.	00.0		AUSE C	F DEATH	-2120 010061	INTERVAL BET	WEEN
DISE	ASE OR CONDITION D		A NE B	ronchopneum	onia	9daya	
	nat mean the mode o	f dying, e.g.,	A DE 10	. Onchophedii	OIILG	Judya	***********
	e, asthenia, etc. It mean omplication which cause		A PP E	racture, ne	ck of right		
	ANTECEDENT CAUSE		A Parino I	emur	OF OF 11211	<u></u>	
	OR CONDITIONS, if the above cause (A)		THE CHANGE				
	NG CONDITION last,	, ,,,	BI 12:10				11011101-101001000
O OTHER SIG	NIFICANT CONDITIONS	CONTRIBILITING	3/1/2				
E IO INC	DEATH BUT NOT REL	ATED TO TH					
19A. DATE	OF OPERATION 198. COL	NDITION FOR V	-	20 A. AUTOPSY? (Yes	or No. 208, IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED	
Oct.	21.1966   Hip	nailin	g, right hip	,	YE	Sire City, give exact location	n)
OR CONTR	DENT WAS UNDERLYING BUTING CAUSE OF	hom etc.)		n or obout 21 C. WHERE DI			1
0 21 D. TIME	(Month) (Doy) (Year			21F. HOW DID	TIFFANY CT	. //	
S OF INJURY	Oct. 15, 196	300 Whi	ile At Not Whi	EX FELL	DOWN ST	EPS	
22. I certi	fy that (1) (this hospita	ol) ottended th	ne deceosed from	October 15,	19 66 to Oc	tober 24,	9 66
that (1) (w	e) lost sow the deceos	ed olive on	October 24,	19 <u>66</u> on		inion deoth occurred o	
	and from the couses st				oth.		
23A. SIGNA	TURE /do n	1 .	M.D. AH	ending - AAad -	1012	23 B. DATE SIGNED	
22C BLIVELE	J. plala	ans	Phy	ending Med. S. Director	Phy s.	October 24,	1966
23C. PHYSIC	(Type)	25-7-2	1 3.6 mA4.D	23D. ADDRESS			
24A. BURIAL C	Joel A.		igo, M. D. D. CR	1514 Division	on Street-Ba	ltimore 17. N	Marylar.
REMOVAL	10/29/		A .				(31016/
1	D BY HEALTH DEPT.	25B. NAME C	t Zuburn (	25C SUNERAL DIREC		ADDRESS	
	COT O 4 TOCE	DO R	0 7. D. M.S.	Adolphus	Halstead 120	06 W North	Ave
	UND 1/6 14 1300	ULAK YELD			H 1stead		

DL120 DL130- 1-L1 . -D. L. STUDEN A. S. SELLE The state of the state of , MIL 2-E043

VS 150-REV. 1/1/65



IMPORTANT

DIRECTOR:

FUNERAL

MALE GOODS SANDERS

Butwer 725 Web PK. - 1 8-1-08 58

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VS 150-REV. 1/1/65

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Daving Frag.

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100	00 10000	BALTIMORE CITY HEALTH DEPAI	RTMENT	66 10688
umilië	Петн No. 66 10688	CERTIFICATE OF DI	EATH Registered No.	00 10000
	M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  1. NAME OF DECEASED	nett	2. DATE AND HOUR OF DEATH	5:15 pm.
	FULL NAME OF HOSPITAL OR INSTITUTION  FULL NAME OF HOSPITAL OR INSTITUTION  FULL NAME OF HOSPITAL OR INSTITUTION  HOUSE OF PROPERTY OF THE PRO	A, STATE  Md.  C. CITY OR TO  Balti:	DENCE (Where deceased lived. If institu  B. COUNTY  WN (If outside city limits, with RUR.  MORE	
	2525 W. Belved	ere Ave.	Lakeside Ave.	
	5. SEX 6. RACE 7. MARRIED, NEW WIDOWED, DI WIOWED, DI WIOWED	VORCED (specify)	lost birthday) M	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min,
	10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUS			2. CITIZEN OF WHAT COUNTRY?
	Ret. Machinist Fire spr	rinkler system - 1	Maryland MAIDEN NAME	USA
	Late - Unk.	L	ate - unk.	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dates of service)		rnard Stinnett	ADDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last.	(A) Carebial DUE TO  (B) Ay fai: DUE TO  (C)	Vascular Acinquit	miane for
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Draletos	Mellites	centrown
	19A. DATE OF OPERATION WAS PERFORMED	THE OPERATION 2004. AUTOPS	Y? (Yes or No.) 208. IF YES, WERE FINE IN CERTIFYING CAUSE	S OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLA	CE OF INJURY (e.g., in at about 21 C. W arm, factory, street, office bldg., INJURY		ty, give exact location)
	OF INJURY (APPROX.)  (Month) (Doy) (Year) (Haur) 21E, INJ While A		OW DID INJURY OCCUR?	
	22. I certify that (() (this hospital) ottended the dithat (1) (we) ast saw the deceased alive an	10-21 1966	and that in(my)(aur)apinia	0-2 ( 19 $66$ ), and death occurred on the date
	and haur and fram the causes stated abave. (1) (Was 23A SIGNATURE  23C. PHYSICIAN'S NAME (Type)	M.D. Attending	Aed. Stoff Phys. 23	10-21-66 Mills Md
	REMOVAL (Specify)	of CEMETERY of CREMATORY	Baltimore, I	9
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R	stern Cem.	balumore, in director to the Double of the Director to the Dir	ADDRESS.
	VS 150-REV. 1/1/65	Markethy. ) Mil 124	O G . I . I . I . I . I . I . I . I . I .	

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BALTIMORE CITY HEALTH DEPARTMENT

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MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH Re	gistered No.	LUbb

M.E. CA		MEDI	CALEA	AMINER 5 CE	KIIFICAI	E OF DEAT	☐ Kegistered 446.	
1. NAM (Type or	Print)	NORMAN		WILLIAM	S	October 20		4:05 A
FULL NA HOSPITA INSTITUT	AME OF (IF NAL OR ADD	OT IN HOSPITA	L OR INSTITU	INCED DEAD	A. STATE Mac. CITY OR TOW B8 D. STREET ADDR	ryland N (If outside corporate ltimore ESS (If rural, give loca	B. COUNTY be limits, write RURAL	and give township)
5. SEX	6. RACE			NEVER MARRIED	B. DATE OF BIRTH	23 Hollins	E (In years   If Un	der 1 Yr, If Under 24 Hrs s, Days, Hours, Min.
Mal	e Whi	te	00.000	er married	Nov.	20, 1953	13	s Days Hours Min.
done duri	ng most of working life		10B. KIND OF	BUSINESS OR INDUSTRY	Balto.	Md.	WI	SA
13. FATH	ER'S NAME				14. MOTHER'S MA	,		
	Late-Je DECEASED EVER II	N U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	Mrs.	es C. (Ma Frances Wi Hollins St		ess
NOIL NOIL	ANTECEN ISEASES OR CON SE TO THE ABOVE NDERLYING CON	Which coused of DENT CAUSE DITIONS, IF A CAUSE (A) ST DITION LAST.	S NY, GIVING ATING THE	(B) DUE TO (C)				
TIEC DI TIPA	O THE DEATH	BUT NOT REL	ATED TO T	HE	20A. AUTOPSY?	(Yes at Na) 20B, 1F Y	ES. WERE FINDINGS	CON SIDERED
WEDICAL MUND MUND MUND MUND MUND MUND MUND MUND	EXTERNAL CAUSE ERLYING SOR CON IG CAUSE OF DE TIME (Month) NJURY	WAS PERI WAS TRIB- EATH. (Day) (Year	21 B. home etc.)	PLACE OF INJURY (e.g., i , farm, foctory, street, o Street 1E. INJURY OCCURRED	Yes n ar about 21C. W lifice bldg, INJURY Pula 21F. HO	HERE DID (If in Boltin	FYING CAUSES OF more City, give exoct ilkens Aver	Ves
22.	PROX.) 10	17 '66		VHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	ORK Ped	estrian str	uck by auto	) .
***	I certify that resulted from  ACTUAL SIGNATURE EXAMINER'S			ccident X Suicide	CHIEF ME	that an this bosis,  Undeterm  DICAL EXAMINER  DICAL EXAMINER  EDICAL EXAMINER	ined monner	DATE SIGNED
22.4	NAME (Type)			etty, M.D.				
Bur		238 DATE 10-22	2-66	Glen Haven	n Cem.		more, Md.	
	TE REC'D BY HEAL			OF REGISTRAR  1- S. FELLEMAN	Witzke	E F.D410	1 Edmonds	on Ave.

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BALTIMORE	CITY	HEALTH	DEPA	RTMENT

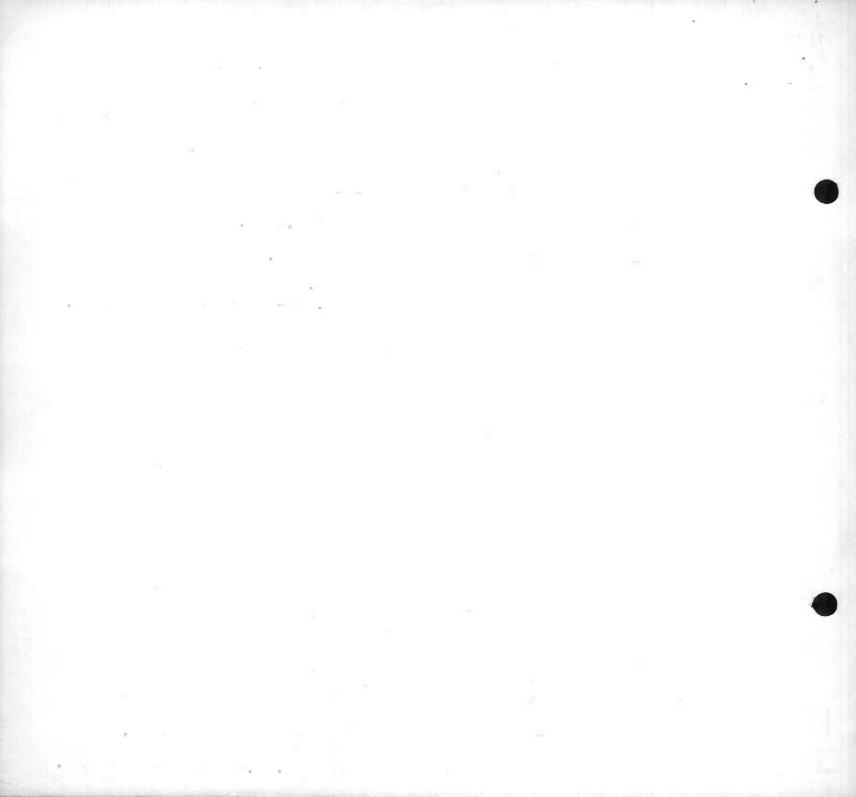
	-66 11			BALTIMORE CITY HEAL				10690
BIRT	H NO. 65-	2008/ MED	ICAL EX	(AMINER'S CI	ERTIFICAT	E OF DEATH Regis	tered Na	
M.I	E CASE NO.					6		
1. I	NAME OF DEC			45,000,000		2. DATE AND HOUR PRONOUN		
		COLE		GASKIL		October 20, 19		2:55 P. M.
3. P	LACE IN BALTI	MORE MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDE	ENCE (Where deceased lived, If in B. CC	stitution: reside	nce before odmission)
FILL	L NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	ITION CIVE STREET	Ma	aryland		
HO	SPITAL OR	ADDRESS OR LOCA	(TION)	SHOW, OFFE STREET	C. CITY OR TOW	/N (If autside carporate limits, wr	rite RURAL and	give township)
4	0				Ba	altimore	7	- 40
1	St. A	gnes Hospita	11	(DOA)	D. STREET ADDR	ESS (If rural, give location)	1	
6	79				24	405 Arbuton Avenue	e	
5. S	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)		Yr. If Under 24 Hrs.
F	'emale	White	WIDO WED,	DIVORCED (specify)	8-5-65	14 mth	1	dy's Hoors Penns
		PATION (Give kind of world orking life, even if retired)	108. KIND OF	F BUSINESS OR INDUSTRY		State or foreign country)  Md.	12. CITIZEN USAT	OF COUNTRY?
13.	FATHER'S NAM	E			14. MOTHER'S MA	AIDEN NAME		
	V	Villiam D.	Gaski]	Ll	Marcia	a A. Conelius		
		O EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	Willia 2405	am Gaskill Arbuton Ave.	ADDRESS	Harry .
	18.	APPLY		CAUSE	OF DEATH			NTERVAL BETWEEN
	DISEAS	I E OR CONDITION DI	BEAT V				9	ONSET AND DEATH
	DISEAS	LEADING TO DEATH		Inter	stitial nr	neumonitis (SDI	T)	
	(This does no	ot mean the mode of asthenia, etc. It means	dying, e.g.,	DUE TO	Sererar br	iedmonitels (obt.	~/	
	injury or com	plication which caused	death.)					
	AI	NTECENDENT CAUSE	S					
	DISEASES C	R CONDITIONS, IF A	NY, GIVING	DUE TO	~ * * * * * * * * * * * * * * * * * * *			
		G CONDITION LAST.	TATING THE				12.00	
Z				(C)				
CERTIFICATION	Pinishtan.	11			30. 15		41-1	
S		IIFICANT CONDITIONS DEATH BUT NOT RE						
E		CONDITION CAUSING						
8	IVA, DATE OF	OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY?	Yes or No. 208. IF YES, WERE IN CERTIFYING CA		
	21 A. EXTERNAL	CALLEE WAS	los n	DI ACE OF INITIAL	Yes	Yes Yes		*
MEDICAL	UNDERLYING	OR CONTRIB-	home etc.)	, form, factory, street, a	ffice bldg., INJURY	HERE DID (If in Boltimare City, OCCUR?	give exact lace	ation)
哥	UTING CAUS	E OF DEATH.	616.7					
2	21 D TIME OF INJURY	(Month) (Day) (Yea	r) (Hour) 2	TE. INJURY OCCURRED	21F. HO	OW DID INJURY OCCUR?		
	(APPROX.)		m. V	WHILE AT NOT W	ORK			
7	22.	ify that I held an I	ngulry 🗌		apsyX and	that an this basis, death in	my apinian	
		ed fram: Natural ca		Accident Suicide				
		707 1	7	7		EDICAL EXAMINER		
	ACTUAL	Vinds	2/1	in A-				DATE SIGNED
	SIGNATU		30.03		ASSISTANT ME	EDICAL EXAMINER [	October	20, 1966
	EXAMINI NAME (T		S. Spr	ingate, M.D.	ASSOCIATE MI	EDICAL EXAMINER	JCCODEL	20, 1900
	OVAL (Specify)		23	C. NAME of CEMETERY .	CREMATORY	23D. LOCATION (Ci	ity, town, ar cau	unty) (Stote)
	Burial	10-22	-66	New Cathe	dral	Baltimore,	Ma	
		BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERA	AL DIRECTOR	AD	DRESS
1			100	0 7.0				
	0	CT 24 1966	Colors	E. Janking	Wit	zke F.D 410	1 Edmo	ndson Av.
1/0	151_DEV/ 1/1/4	5	1 3	hand "say" time	1 11			

IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE CITY HEALTH DEPARTMENT

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered 66 10692

BIRTH		CALEA	AMIINER 3 CE	KIIFICA	IE OF L	JEAIN Registe	3160 A401	
	CASE NO.	- 14			10 DATE 4411	HOUR PRONOUNC	ED DEAD	
(Туре	or Print) MAR	Y A	IRELAND			ober 21, 19		11:00 A. M.
	ACE IN BALTIMORE, MARYLAND, W			4. USUAL RESID	Marylan	deceosed lived. If ins B. CO	titution: resid	dence before admission)
	NAME OF SIF NOT IN HOSPITA		ENDED.	C. CITY OR TO	WN (II outside Baltimo	e corporote limits, writ re	e RUPAL	glyo townshipl
4	St. Agnes Hospi	tal	10-27-00	D. STREET ADD		give locotion) dgewood Roa	d	
5. <b>\$E</b> )	6. RACE Female White		DIVORCED (specify)	8. DATE OF BIRT	Н	9. AGE (In years lost birthday) 92-7470	If Under	1 Yr. If Under 24 Hrs. Doys Hours Min.
done	JSUAL OCCUPATION (Give kind of work during most of working lile, even if retired)			11. BIRTHPLACE				N OF T COUNTRY?
13. FA	ousewife Others Name Late-Thomas Conn	olly		14. MOTHER'S N				
	AS DECEASED EVER IN U.S. ARMED no or unknown) III yes, give wor or dote		16. SOCIAL SECURITY NO.	Mr. Fi 1132 W		Ireland	ADDRESS	
Z	DISEASE OR CONDITION DI LEADING TO DEATH  (This does not meen the mode of heort foilure, osthenio, etc. It meens injury or complication which coused  ANTECENDENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	dying, e.g., the disease, death.)  S NY, GIVING	(A) C; DUE TO  (B) DUE TO	rushed ch	lest			
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING	LATED TO T						
CERT	9A. DATE OF OPERATION 19B. CON WAS PER	DITION FOR	WHICH OPERATION	20 A. AUTOPS		20B. IF YES, WERE F IN CERTIFYING CAU	INDINGS C	ON SIDERED ATH?
EDICAL	TA. EXTERNAL CAUSE WAS INDERLYING OF CONTRIB- ITING CAUSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY le.g., i , form, foctory, street, o Street			II in Boltimore City, g		
2 2	1D TIME (Month) (Doy)   Yeor PF INJURY APPROX.) 1-21-66 10:30		TE. INJURY OCCURRED	21 F. H	OW DID INJU	ry occur? Pass t in an aut	enger	in right
2	1 21 00 10.30		Pa:	rtial		s basis, death in		
	resulted fram: Natural ca	uses 🗌 🗡	Accident X Suicide			Indetermined mann	er 🗌	
	ACTUAL SIGNATURE	2 S.	with M.D.	ASSISTANT N		AMINER X		DATE SIGNED
	NAME (Type)		ingate, M.D.	ASSOCIATE I				r 21, 1966
REM	BUTIEL 10-24	-66	Loudon Parl	k Cem	1	Baltimore		
24A,	DATE REC'D BY HOALEH 4 1966	248. NAME	of REGISTRAR TOURS	Witz]	ke F.D.	-4101 Edn		on Ave.
VS 1	51-REV. 1/1/65	10-5						

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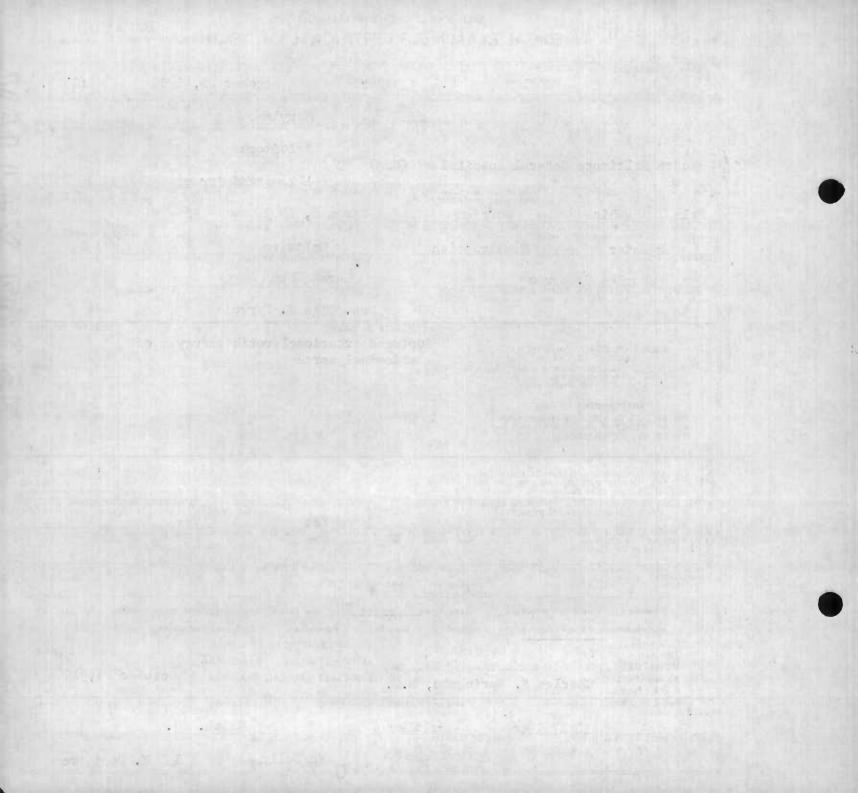
H

V\$ 150-REV. 1/1/65

	BALTIMORE CITY	HEALTH DEPARTMENT		68 11115 13
IRTH NO. 66 10693	CERTIFICA	TE OF DEATH	Registered No.	66 10603
A.E. CASE NO. NAME OF DECEASED		2. DATE ANI	HOUR OF DEATH	15
Type or Print) PITTMAN, SUZIE		4. USUAL RESIDENCE (Where	15,196	4 111
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceosed lived. If ins	itution: residence before admis
FINE MANAGE OF ME and in bounded as inclination come	atroot			
FULL NAME OF (If not in hospital or institution, give oddress or location)	sireer	C. CITY OR TOWN (If outs	ide city limits, write RU	JRAL and give township)
INSTITUTION				7-01
UNIVERSITY HOSPITAL		D. STREET ADDRESS (III		
38		430 N. C	AKEY ST	
SEX 6. RACE 7. MARRIED, NEV	VER MARRIED IVORCED (specify)		. AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Months: Doys Hours Mi
F NEGRO WIDOWED, DI	TORCED (Speed)	10/23/08	5-8	
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUS	SINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
lone during most of working life, even if retired)				USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .	
5, Was Deceosed Ever in U. S. Armed Forces? 16.	SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or doles of service)	SECURITY NO.			
18. / 74 X I	CAUSE OF	DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	20	+11.11.		1.1.
LEADING TO DEATH  (This does not mean the made of dying, e.g.,	(A) The	tabolic forbalan	<i>~</i>	1 wp.
heart failure, asthenia, etc. It means the disease,	DUL 10			
injury ar camplication which caused death.)	(m) O	Poute		2 who.
ANTECEDENT CAUSES	DUE TO	66 66 8 949 7 666 7 F 6 F F 7 F 6 F F 7 F 7 F 7 F 7	, 600000 0000 0000000000000000000000000	6 mis.
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	metast	the mifed mesoder	al soreoma	6 mis.
UNDERLYING CONDITION last.		the mifed mesodem	terin	
11				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  198. CONDITION FOR WHILE WAS PERFORMED		20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	NDINGS CONSIDERED
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED  Automa of U	tems			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home, f	ACE OF INJURY (e.g., in	20 A. AUTOPSY? (Yes or No		NDINGS CONSIDERED SES OF DEATH?  City, give exact location)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHITE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PL. OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)  TO THE DEATH BUT NOT RELATED TO THE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PL. home, fetc.)	ACE OF INJURY (e.g., in	or obout 21C. WHERE DID		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHIE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PL. OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)  TO THE DEATH BUT NOT RELATED TO THE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PL. home, fetc.)	ACE OF INJURY (e.g., in form, foctory, street, of	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHILE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  TO THE DEATH BUT NOT RELATED TO THE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner)	ACE OF INJURY (e.g., in form, foctory, street, of	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHITE WAS PREFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJ While APPROX.)  While A	ACE OF INJURY (e.g., inform, foctory, street, of	or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHITE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 2  21A. ACCIDENT WAS UNDERLYING 6  OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year) (Hour) 21D. TIME (Month) (Doy) (Year) While A Work  22. I certify that (1) (this hospitol) attended the contributions of the contribution of	ACE OF INJURY (e.g., inform, foctory, street, of	21F. HOW DID INJURY	(If in Boltimore	City, give exoct locotion)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHITE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. IN.  21D. TIME (Month) (Doy) (Yeor) though the contribution of	JURY OCCURRED  At Not While At Work  deceased from	21F. HOW DID INJURY  21F. HOW DID INJURY  21F. HOW DID INJURY  21F. HOW DID INJURY	(If in Boltimore	City, give exoct locotion)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHITE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. IN: White APPROX.)  22. I certify that () (this hospitol) attended the certification of the causes stated above. (I)	JURY OCCURRED  At Not While At Work  deceased from	21F. HOW DID INJURY  21F. HOW DID INJURY  21F. HOW DID INJURY  21F. HOW DID INJURY	(If in Boltimore	City, give exoct locotion)  O O 19 (a) ian death accurred an the
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHIT WAS PREFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJ (APPROX.)  While A Work  22. I certify that (1) (this hospital) attended the control of the couses stated above. (I) (Was 133 and hour and from the causes stated above. (I) (Was 133 and hour and from the causes stated above. (I) (Was 133 and hour and from the causes stated above. (I) (Was 133 and hour and from the causes stated above. (I) (Was 133 and hour and from the causes stated above. (I) (Was 134 and hour and from the causes stated above. (I) (Was 134 and hour and from the causes stated above. (I) (Was 134 and hour and from the causes stated above. (I) (Was 134 and hour and from the causes stated above. (I) (Was 134 and hour and from the causes stated above. (I) (Was 134 and hour and from the causes stated above. (I) (Was 134 and hour and hour and from the causes stated above. (I) (Was 134 and hour and hour and from the causes stated above. (I) (Was 134 and hour and hour and from the causes stated above. (I) (Was 134 and hour and hour and from the causes stated above. (I) (Was 134 and hour and h	ACE OF INJURY (e.g., inform, foctory, street, of JURY OCCURRED  At Not While At Work deceased from	21F. HOW DID INJURY  21F. HOW DID INJURY  19 6 ond the	(If in Boltimore	City, give exoct locotion)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHITE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PL. OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. IN. OF INJURY (APPROX.)  22. I certify that ((this hospital) attended the control of the c	ACE OF INJURY (e.g., inform, foctory, street, of JURY OCCURRED  At Not While At Work deceased from	21F. HOW DID INJURY 21F. H	(If in Boltimore  URY OCCUR?  9 (Let a	City, give exoct locotion)  O O 19 (a) ian death accurred an the
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHITE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. IN:  White APPROX.)  22. I certify that ((this hospital) attended the control of the con	ACE OF INJURY (e.g., inform, foctory, street, of JURY OCCURRED  At Not While At Work deceased from	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY  19 6 ond the bady after death.  Med. Director  223D. ADDRESS	(If in Boltimore	City, give exoct locotion)  O O 19 (a) ian death accurred an the
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHITE WAS PREFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. IN. White A Work  21D. TIME (Month) (Doy) (Year) White Work  22. I certify that (1) (this hospitol) attended the country that (1) (we) last saw the deceased alive an and hour ond from the causes stated above. (I) (We) 23A. SIGNATURE    Adult   August   August   August   August   August    23C. PHYSICIAN'S	ACE OF INJURY (e.g., inform, foctory, street, of JURY OCCURRED  At Not While At Work deceased from	21F. HOW DID INJURY 21F. H	(If in Boltimore	City, give exoct locotion)  O O 19 (a) ian death accurred an the
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHITE  21A. ACCIDENT WAS UNDERLYING AUGUST OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. IN.  (APPROX.)  22. I certify that (() (this hospital) attended the country of the coun	ACE OF INJURY (e.g., inform, foctory, street, of JURY OCCURRED  At Not While At Work deceased from	216. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJURY  19. Location and the lew the bady after death.  23D. ADDRESS  Limited Hospitals  Li	(If in Boltimore	City, give exoct locotion)  O O 19 (a) ian death accurred an the
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHITE WAS PREFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. IN. White (APPROX.)  22. I certify that (1) (this hospital) attended the control of the course stated above. (I) (We) 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURGHER F. DOUGHE RTY, JR., PREMOVAL (Specify)	ACE OF INJURY (e.g., inform, foctory, street, of JURY OCCURRED  At At Work  deceased from  Me) (did) (did nat) v  M.D. Atte  Phy.  M.D. Atte  Attendary of M.D. Attendary of M.D.  M.D. Attendary of M.D.  M.D. Attendary of M.D.  M.D. Attendary of M.D.	216. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJURY  19. Location and the lew the bady after death.  23D. ADDRESS  Limited Hospitals  Li	ORY OCCUR?  9 (Letaat in (my) (our) apl no still for the still for	City, give exoct locotion)  O O 19 (a) ian death accurred an the

4378 W 1888 2962 SW 3 20/46/01 mattle between aut made making hope that is Survey of 18thing the letter he Potest F Worshit spe as some in a some now, so, me, chant thefatt to the first

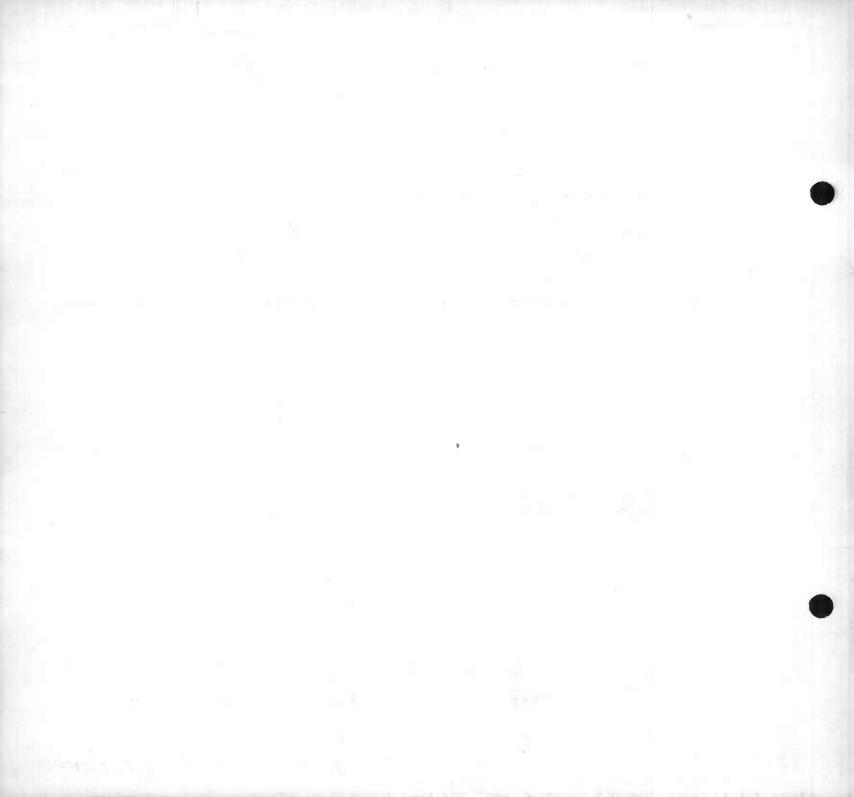
	66 10694			HEALTH DEPARTMEN			56 10694	
BIRT	H NO. 10034	MEDICAL EX	CAMINER'S	CERTIFICA	TE OF DE	ATH Register	red Na.	
M.E	CASE NO.							
1. P	NAME OF DECEASED	CHARTEC	77	*******		OUR PRONOUNCE		) D
2 8	LACE IN BALTIMORE, MARY	CHARLES	H.	Byron	UCTOBE	r 23, 196	b 9:10	O P.
3. P	LACE IN BALTIMORS, MARTI	LAND, WHERE PRONO	DNCED DEAD	A. STATE	Marril and	B. COU	tution: residence before	Outil 5 3
FUL	L NAME OF (IF NOT IN	HOSPITAL OR INSTITUTE OR LOCATION	UTION, GIVE STREET	C. CITY OR TO	Maryland WN (If outside cor	parate limits, write	RURAL and give town	nship)
INS	TITUTION	011 20 071110117			Baltimore		7 2	01
5	South Baltimore	Coneral Hos	enital (	DOAD STREET ADD	ORESS (If rural, give	locotian)		1
9	South partimore	General nos	spicar			Street		
5. S	EX 6. RACE		NEVER MARRIED	B. DATE OF BIR	TH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Un Months Doys Hou	
1	Male White		DIVORCED(specify)	March 6		63	TVIOLINIS   DOYS   FIOC	1 1
IOA	USUAL OCCUPATION (Give I	and of work TOB. KIND O					12. CITIZEN OF	V2
dani	Carpenter Construction		De	laware		U S A		
13.1				14. MOTHER'S MAIDEN NAME				
	Charles H	. Byron		Sarah	Eben			
	WAS DECEASED EVER IN U.S., na or unknown), (If yes, give w	. ARMED FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	No			Mrs. Olg	a E. Byron		Same	
CERTIFICATION	ANTECENDEN  ANTECENDEN  DISEASES OR CONDITION  RISE TO THE ABOVE CAL  UNDERLYING CONDITION  II  OTHER SIGNIFICANT CONTO THE DEATH BUT  DISEASE OR CONDITION	T CAUSES  DNS, IF ANY, GIVING ISE (A) STATING THE IN LAST.  HOLITIONS CONTRIBUTION TRELATED TO THE INCOME.	(B)(C)					,
CER	19A. DATE OF OPERATION	WAS PERFORMED		Ye	S	Yes		
U	21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH	hame	PLACE OF INJURY e, farm, factory, st	(e.g., in or obaut 21C. treet, affice bldg., INJUI	WHERE DID (If in RY OCCUR?	Baltimare City, gi	ve exact lacation)	
Σ	21D TIME (Month) (DO OF INJURY (APPROX.)		WHILE AT WORK	RRED 21 F. F	IOW DID INJURY	OCCUR?		
	22.   1 certify that I held an Inquiry   Inspection Autopsy   Auto							
	resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner							
	7)	1 1	Λ .		MEDICAL EXAM			
	ACTUAL (	une J	1 not	M.D. ASSISTANT			DATE S	SIGNED
	EXAMINER'S NAME (Type)	narles S. Spi	ringate, M.		MEDICAL EXAM	INER OC	tober 24, 1	966
		DATE 23	C. NAME of CEME	TERY or CREMATORY	23D. LOCA	TION (City,	town, ar county)	(State)
		0 27 1966	Balti	more	Ba	alto. Md.		
24/	A. DATE REC'D BY HEALTH D	EPT. 24B. NAME	OF REGISTRAR	24C. FUNE	RAL DIRECTOR		ADDRESS	1111
	OCT 24	1966 R. Quel	5, E, tayler	Me Me	Cully-	130	E. Fort	re

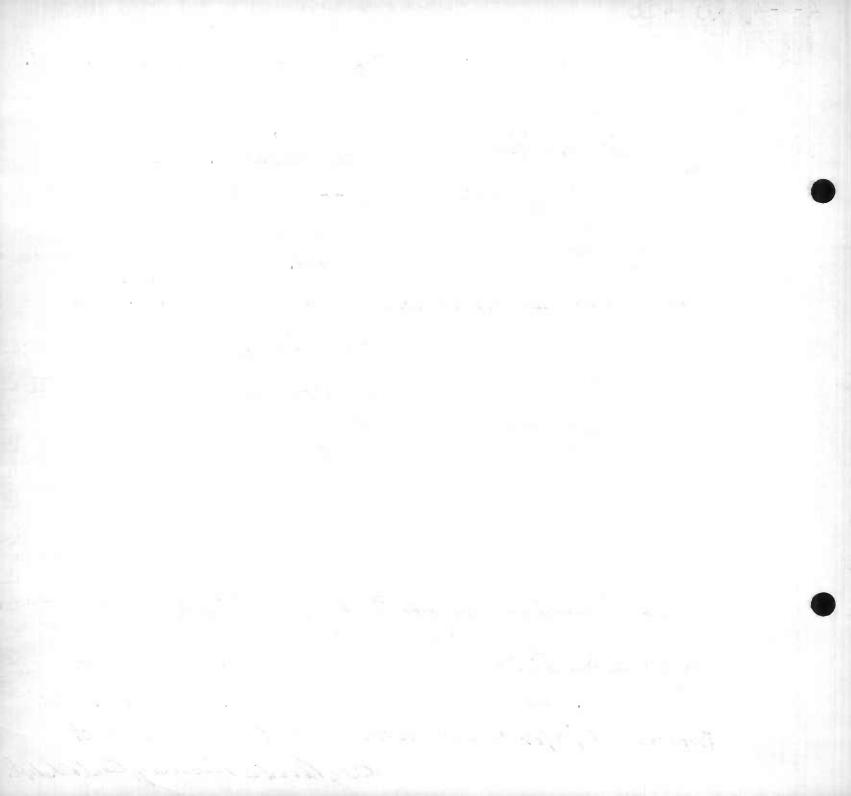


	BALTIMORE CITY			
IRTH NO. 66 10695	CERTIFICA	TE OF DEATH	Registered No	. 66 10695
NAME OF DECEASED  Type or Print)  CATHRY N  DALZ	Eil		ND HOUR OF DEATH	5:30 pm
. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Wh	ero doceosod lived. If	institution: rosidenco before admiss
FULL NAME OF (If not in hospital or institu	C. CITY OR TOWN (If outside city limits, write-RURAL ondergive township)  BALTIANTRE  D. STREET ADDRESS (If rurol, give location)			
LUTHERAN HOSPITAL C				
10		3318 Chests	ut arrence	
SEX G. RACE VHITE 7. MA	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In yours tast birthday)	ff Under 1 Yr. tf Under 24 Months Doys Hours Mit
0A. USUAL OCCUPATION (Give kind of work 10B, KIT one during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stoto or for		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME 7	
5. Was Deceased Evor in U. S. Armod Forcas? Yes, no or unknown) (If yos, give wer or dates of soi		17. INFORMANT		ADDRESS
NO	214-12-4657	MRS. LOIS MANIE	CEY PEM	BROOM MASS.
LEADING TO DEATH	(A)	prinary Zentsh	mo	
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disinjury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, it is to the obove cause (A) stating UNDERLYING CONDITION last.	9259	Monary Emblo helyte Imbolone www. Sogn		
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disinjury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, grise to the obove cause (A) stating UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBETO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	(B) Electy DUE TO Giving the (C) Ca	hslyte Imbolone revome Sogn	e de Ly de	· fevi
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disinjury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, grise to the obove cause (A) stating UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBETO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	giving the (C) Ca	6	e de Ly oha	
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disinjury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, it is to the obove cause (A) stating UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED LACADOM.  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examinar)	giving the (C) Ca.  UTING O THE	20A. AUTOPSY? (Yos or N	of the Ly oh.  Ly oh.  Color  10) 20B. IF YES, WERI IN CERTIFYING C	FINDINGS CONSIDERED
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disinjury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, it is to the obove cause (A) stating UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED LARCHYMAL CONTRIBUTION OR CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF	FOR WHICH OPERATION  A SCART COCK  218, PLACE OF INJURY (o.g., ihomo, form, foctory, stroot, oelc.)	20A. AUTOPSY? (Yos or No or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	No) 208. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disinjury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, it is to the above cause (A) stating UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify modical axaminos)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical axaminos)  21D. TIME (Month) (Doy) (Yoor) (Hour APPROX.)  22. I certify that (I) (this haspital) attenthat (I) (we) last sow the deceased aliverage and the decease alive	FOR WHICH OPERATION  A SCARLO CETON  21E, PLACE OF INJURY (o.g., in homo, form, foctory, stroot, or etc.)  21E, INJURY OCCURRED  While At Not Whith At Work  ded the deceased from	20A. AUTOPSY? (Yos or No nor obout) 21C. WHERE DID (INJURY OCCUR?)  21F. HOW DID IN	No) 20B. IF YES, WERI IN CERTIFYING C  (If in Boltimo	E FINDINGS CONSIDERED AUSES OF DEATH?
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disinjury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, grise to the obove cause (A) stating UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED ARCE DON'S PERFORMED CAUSE OF DEATH (notify modical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)  21D. TIME (Month) (Doy) (Your) (Hours OF HIJURY (APPROX.)	FOR WHICH OPERATION  21B. PLACE OF INJURY (o.g., ihomo, form, foctory, stroot, oelc.)  21E. INJURY OCCURRED  While At Not While At Work  ded the deceased from	20A. AUTOPSY? (Yos or Noncompany)  20A. AUTOPSY? (Yos or Noncompany)  21A. HOW DID IN  A continuous discounting Mod.  3. Director Director	No) 20B. IF YES, WERI IN CERTIFYING C  (If in Boltimo	E FINDINGS CONSIDERED AUSES OF DEATH?
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disinjury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the obove cause (A) stating UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED LACCIPOW.  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical axaminor)  21D. TIME (Month) (Doy) (Yoar) (Hour APPROX.)  22. I certify that (I) (this haspital) attenthat (I) (we) last sow the deceosed alive and hour and from the couses stoted obcome and the couse stoted obco	FOR WHICH OPERATION  A SCARLA COCA  21B. PLACE OF INJURY (o.g., indomo, form, foctory, stroot, oetc.)  21E. INJURY OCCURRED  While At Not While At Work  ded the deceased from Not While At Work  ded the deceased from Not While At Work  A Work  M.D. Att. Phy	20A. AUTOPSY? (Yos or No nor obout 21C. WHERE DID fine bidg., INJURY OCCUR?  21F. HOW DID IN 19 Cond to the body ofter death onding Mod. Diroctor 223D. ADDRESS	20B. IF YES, WERI IN CERTIFYING C  (If in Boltimo	E FINDINGS CONSIDERED AUSES OF DEATH?  DIO City, givo oxoct locotion)  10 / 31 19 6  pinion deoth occurred an the
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disinjury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the obove cause (A) stating UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (Inotify modical axaminos)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical axaminos)  21D. TIME (Month) (Doy) (Yoor) (Hours of INJURY (APPROX.)  22. I certify that (I) (this haspital) attenthat (I) (we) last sow the deceased alive and hour and from the causes stated obe 23A. SIGNATURE  ASSOCIATIONE  23C.PHYSICIAN'S NAME (Typo)  DESCIBERIO L HEBRE	Sease,  (B) Clear  DUE TO  DUE TO  COLUMN  COL	20A. AUTOPSY? (Yos or No or obout 21C. WHERE DID INJURY OCCUR?  21F. HOW DID IN old the body ofter death onding Mod. Diroctor 23D. ADDRESS  WHERE WE DID IN OWNERE DID IN OWNER DID IN OWNE	O) 208. IF YES, WERI IN CERTIFYING C  (If in Boltimo  (If in B	E FINDINGS CONSIDERED AUSES OF DEATH?  DIO City, givo exect locohon)  10 / 31 19 6  Dinion deoth occurred an the  23R. DATE SIGNED 12/21/66  MARY LAND  City, town, or county) (Sto

VS 150-REV. 1/1/65

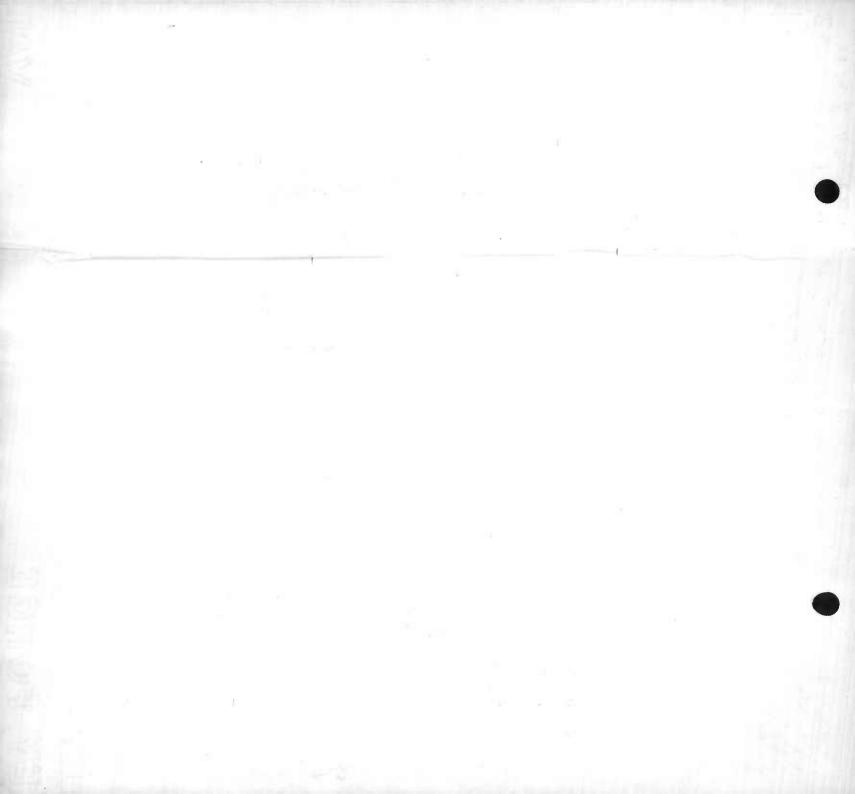
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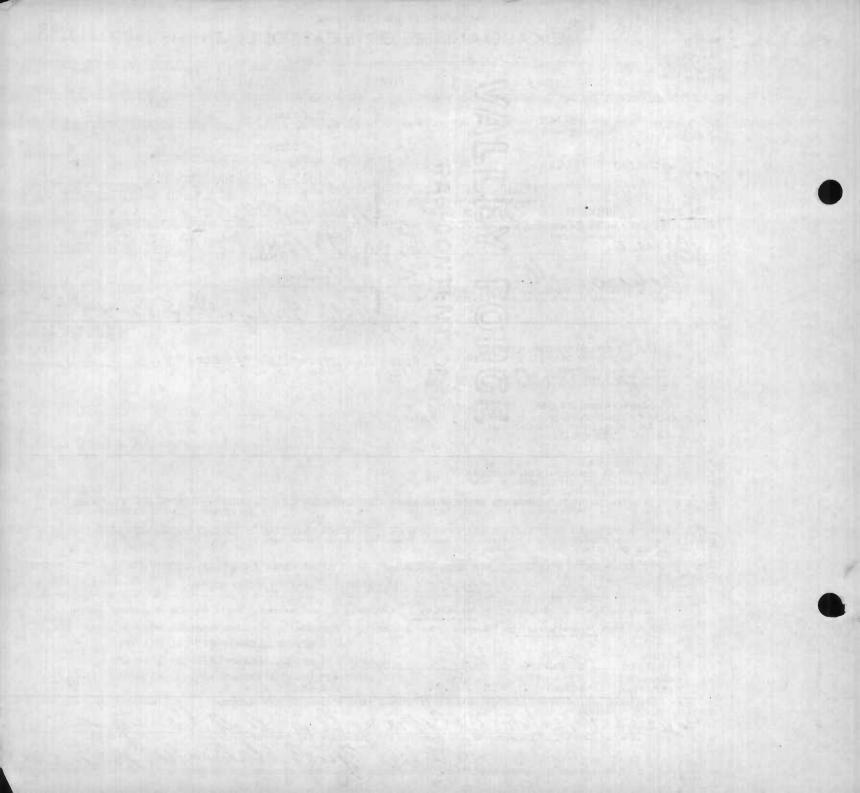
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GG 10000 BALTIMORE	CITY HEALTH DEPARTMENT					
TH NO. CERTIFICATE OF DEATH Registered No. 66 106.97						
M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH					
(Type or Print) Ellen Amas	10/19/86 530					
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission					
FULL NAME OF (It not in hospitat or institution, give street	MARYLAND Baltaca					
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
THE JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS (If rural, give location)  322 TRUMPMILL RD. 21206					
33						
5. SEX 6. RACE 7, MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. , If Under 24 Hrs.					
FEMALE NEGRO WIDOWED, DIVORCED (specify	4-24-1884 82					
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU-	STRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?					
	Blanche n.C.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
PETER MAXXXX	ANNIE ,					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS					
	andrew amore 322 Trumpmill B.					
18.5-39./14002/ CAUS	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH						
(This does not mean the mode of dying, e.g., DUE TO	GIBlooding - when ted + sphages 9/28/68					
heart failure, asthemia, etc. II means the discose, injury or complication which coused death.)						
DISEASES OR CONDITIONS, if any, giving						
rise to the abave couse (A) stating the (C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TD " h					
	eny 1 BC, Kenel Disouse					
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	e.g., in at about 21 C. WHERE DID (It in Baltimare City, give exact location)					
OR CONTRIBUTING CAUSE OF hame, tarm, tactory, stree	et, affice bldg., INJURY OCCUR?					
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
₩ OF INJURY  While At Not	While					
Work At V	9/18 1966 to 10/19 1966					
22. I certify that (this hospital) attended the deceased from 7/18 1966 to 1977 1966 that (b) (we) lost sow the deceased alive an 19/19 19 66 and that in (a) (our) opinion death occurred on the data						
ond hour and from the causes stated above. \$\mathbb{G}\$ (We) (\vec{\vec{\vec{\vec{\vec{\vec{\vec{						
23A. SIGNATURE	23B, DATE SIGNED					
mun a 2 to M.D.	Attending Ared. Staff					
23C. PHYSICIANTS	Phys. Director Phys. 23D. ADDRESS					
MURRAY A. KATZ M.D. THE JOHNS HOPKINS HOSPITAL						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of						
PUNED What Iso Mr. Calman	y Cent. A a Country Dana					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25S FUNERAL DIRECTOR ADDRESS					
10660	7 My M & Elicken 1129 n. Cherlinst					
Vs 150 PSV 1/1/45	The state of the s					

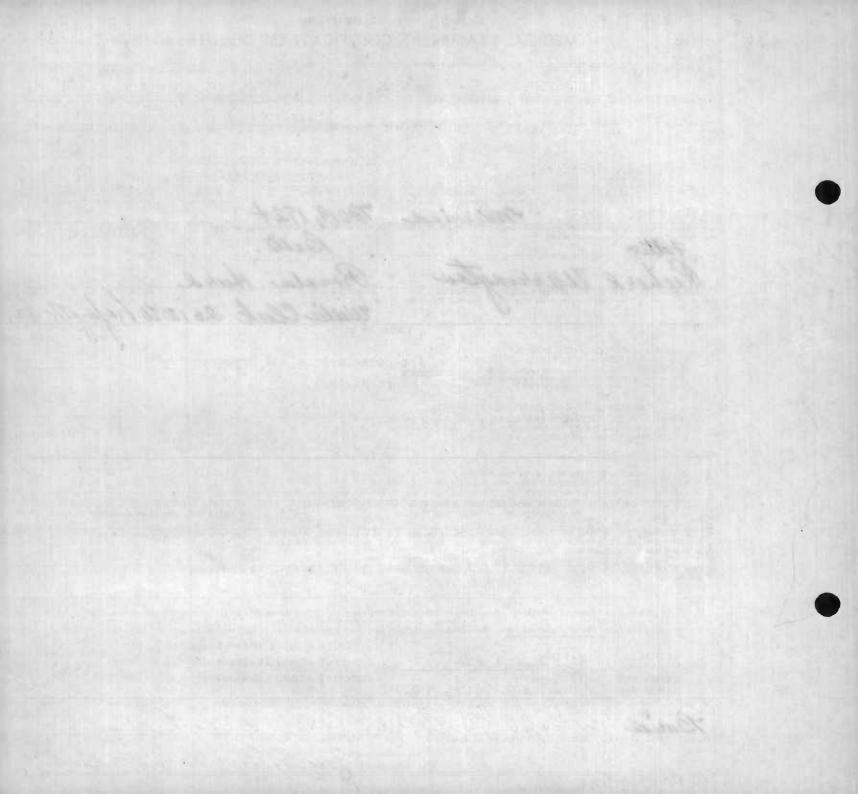


## 66 10698 BALTIMORE CITY HEALTH DEPARTMENT

66 10638	BALTIMORE CITY HEAT		OF DEATH	REALL SE			
BIRTH NO. MEDICA	L EXAMINER'S C	ERTIFICATE (	OF DEATH Registered No.	70 10000			
M.E. CASE NO.							
1. NAME OF DECEASED (Type or Print)  CASSANDRA	ROY		October 21, 1966	. M.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE I	PRONOUNCED DEAD	4. USUAL RESIDENCE A. STATE Mary1.	(Where deceased lived, If institution: re B. COUNTY	esidence befare admission)			
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET		f outside corparate limits, wite RURAL	and give township)			
Lutheran Hospital		D. STREET ADDRESS	(If rural, give location)				
5. SEX   6. RACE   7. M/	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	N. Hilton Street  9. AGE (In years   If Un	der 1 Yr. If Under 24 Hrs.			
	WED, DIVORCED (specify)	march 12,	1919 last birthday) Month	Days Haurs Min.			
done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole	or foreign country) 12. CI WI	TIZEN OF HAT COUNTRY?			
13. FATHER'S NAME	- /	14. MOTHER'S MAIDEN	I NAME				
15. WAS DECEASED EVER IN U.S. ARMED FORCE	ES? 16. SOCIAL	17. INFORMANT	ADDR	ESS			
(Yes, no or unknown) (If yes, give wor or dates of s		Artic 4	mbu 18298 B	idelle St.			
18. 4.3 / X	CAUSI	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTL	DISEASE OR CONDITION DIRECTLY						
(This does not mean the mode of dying heart failure, asthenia, etc. It means the dinjury or camplication which caused death.)	e.g., DUF TO	athic Myocard	ial Hypertrophy.				
ANTECENDENT CAUSES	14. 보고 있는 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.						
DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.							
	(C)	**************************************	.,				
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes	OT NO) 208, IF YES, WERE FINDINGS				
OUNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)		DID (If in Baltimare City, give exac UR?	t lacation)			
3	21E. INJURY OCCURRED WHILE AT NOT	WHILE	ID INJURY OCCUR?				
22. I certify that I held an Inquiry	m. WORK AT V	VORK	an this basis, death in my apln	lan			
resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner							
ACTUAL O Laile	, lety M.D	CHIEF MEDIC	AL EXAMINER AL EXAMINER X	DATE SIGNED			
EXAMINER'S NAME (Type) Charles S.	1	ASSOCIATE MEDIC		10/22/66			
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)  A MARCH MARCH	6 Mt Calva	res Const	23D. LOCATION (City, town,	or county) (Stote)			
24A, DATE REC'D BY HEALTH DEPT. 24B,	NAME OF REGISTRAR	24C. FUNERAL DI	RECTOR	ADDRESS			
OCT 25 1966 (A	D. A. E. Falley M.	m speaker.	Elufeson 1/29,	1. Callant			
VS 151-REV. 1/1/65	7 6 6 0 0	3007		<del></del>			



- (110)	66 10699 BALTIMORE CITY HEA  BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No. 66 10699
C-40.	M.E CASE NO.	EKTITICATE OF DEATH ASSOCIATION
	1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
	CELESTINE CLARK	M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE  Maryland  Maryland
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	INSTITUTION	Baltimore / O 6
	B4 Bon Secour Hospital	D. STREET ADDRESS (If rurol, give location)
		2612 W. Lafayette Avenue
	6. RACE 7. MARRIED NEVER MARRIED WIDOWED, DIVORCED (specify)	Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	
	done during most of working life, even if retired)	Belle , WHAT COUNTRY?
	13. FATHER'S NAME	T4. MOTHER'S MAIDEN NAME
	Richard Warringlan	Greater Hurd
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		Wille Clark 26/200. Nojayelle gr
	1B. CAUS	E OF DEATH ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arter	iosclerotic and Hypertensive
	heart failure astheria etc. It means the disease	
	injury or complication which coused death.) Hear	t Disease.
•	ANTECENDENT CAUSES	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A, DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED	Yes IN CERTIFYING CAUSES OF DEATH? Yes
	UNDERLYING UOR CONTRIB- home, form, foctory, street,	in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) office bldg., INJURY OCCUR?
	7	
v	OF INJURY	21F. HOW DID INJURY OCCUR?
	22.	WORK
		and that on this bosls, death In my opinion
	resulted from: Notural couses X Accident Suici	
	ACTUAL O	CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE M.E	ASSISTANT MEDICAL EXAMINER X  ASSOCIATE MEDICAL EXAMINER 10/22/66
	EXAMINER'S NAME (Type) Charles S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER
	23A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)
	12 wise 40126/66 12allo 110	ett cem 550/ Fredrick an
	24A. DATE REC'D BY HEALTH DEPT. / 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
	1 0 6 1 10 000	on Stabil, Eliskswa 1/291. Caston Sy
	VS 151-PEV 1/1/65	A l



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BALTIMORE CITY HEALTH DEPARTMENT

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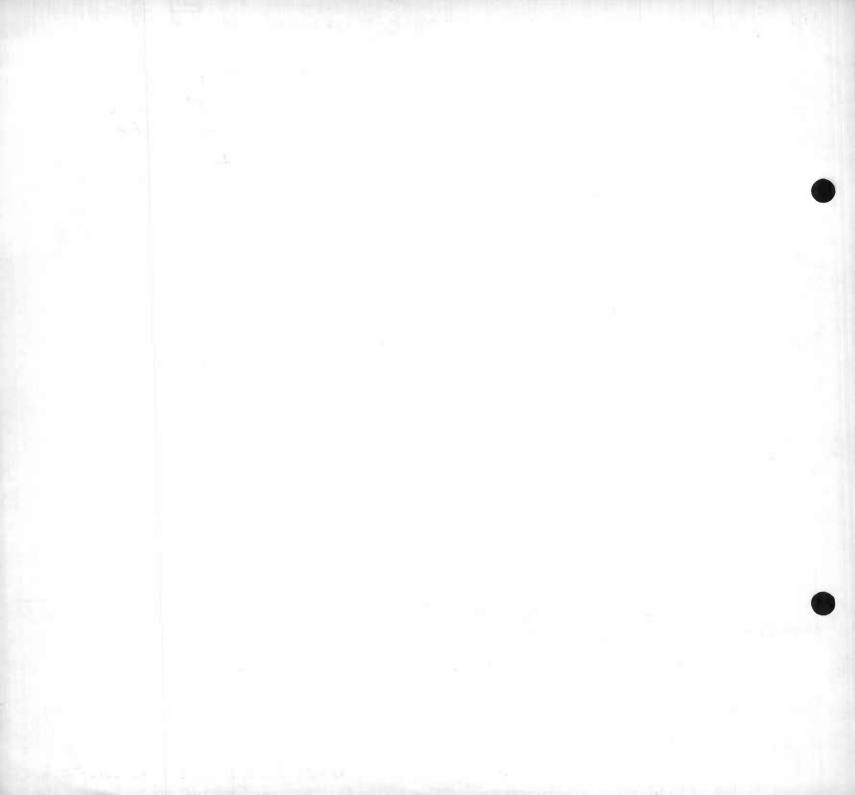
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VS 150-REV. 1/1/65

	4.0150.0	BALTIMORE CIT	Y HEALTH DEPARTMENT		66 10703
BIRTH NO. 66	10703	CERTIFICA	TE OF DEATH	Registered Na.	00 10,00
1. NAME OF DECEASED	- //	120	2. DATE A	ND HOUR OF DEATH	16.11
3. PLACE OF DEATH IN	ALTIMORE, MARYLAND	all In	4. USUAL RESIDENCE (Who	ere deceased lived. Il in	stitution: residence before admiss
	f nat in haspital or instit	ution, give street	ma.	reland	
HOSPITAL OR O	ddress ar lacation)		C. CITY OR TOWN THE OR	utade city limits, write	RURAL mod two township)
2715 F	Lisnore	And:	O. STREET ADDRESS	rural, give lacation)	10 30
				more al	
male 6. RACE		RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Manths Oays Hours Mi
11000	(Give kind of wark 10B. Kill	ND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
Ships	jan		Charlotte	n.e_	U.SA
13. FATHER'S NAME	1. 1.	0	MOTHER'S MAIDEN NA	I S	
5. Was Deceased Ever in	U. S. Armed Forces?	1 6. SOCIAL	Alocance 17. INFORMANT	meku	mey ADDRESS
Yes, no of unknown) (It yes,	give war ar dotes of se	security No.	Our West		Same
18. 199 9	)I	CAUSE			INTERVAL BETWEEN ONSET AND DEATH
	ONDITION DIRECTLY	C,	areinount	0511	41105 (
	n the made of dying, n, etc. It means the di	e.g., DUE TO	1066	ment).	
	which caused death.)		C		
	DENT CAUSES  IDITIONS, if any,	OUE TO			×××××××××××××××××××××××××××××××××××××
	e cause (A) stating		000000000000000000000000000000000000000		
-	II				
	CONDITIONS CONTRIL				
19A. DATE OF OPERAT		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes ar N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS	UNDERLYING CAUSE OF	21 B. PLACE OF INJURY (e.g.,	in as about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Bottimor	e City, give exact lacation)
DEATH (notify medical	examiner)	etc.)			
OF INJURY (APPROX.)	(Doy) (Yeor) (Haur	While At Not Wh		JURY OCCUR?	
	(this haspital) atter	Wark At Wark	8/20	19 66 to 1	0/19 196
	w the deceased aliv	116	19 4 6 and t	hat in(my) (our) api	nian death accurred an the
	he causes stated abo	ive, (I) (We) (did) (did not)	view the bady after death.	•	
23A. SIGNATURE	I A	M.D. A	tending Med.	Staff Phys.	23B. DATE SIGNED
23.C. PHYSICIAM'S NAME (Type)	- PR1281	tow GRANTM.D	23D. ADDRESS		
24A. BURIAL CREMATION REMOVAL (Specily)		24C. NAME OF CEMETERY OF C	REMATORY 24D.		ity, tawn, ar county) (Sta
Bernel	10-25-66	not Culiun	ant	Ballo	mex
25A. DATE REC'D BY HEA	LTH DEPT. 258. N	AME OF REGISTRAK	25C FUNERAL DIRECTO	R	ADDRESS





IMPORTANT

FUNERAL DIRECTOR:

00	AOMOR	BALTIMORE CITY	HEALTH DEPARTMENT		66 10705
BIKIH NO.	10705	CERTIFICA	TE OF DEATH	Registered Na	00 10700
M.E. CASE NO.	2 1 1	1	2. DATE AN	D HOUR OF DEATH	
Type or Print)	when to	eder		Del 19.	1466
PLACE OF DEATH IN	BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If ins	titution; residence before odmiss
FULL NAME OF	(If not in hospital as institution,	aue steet	mare	la V	X
HOSPITAL OR	oddress or location)	give sheet	C. CITY OR TOWN III get	ide city limits, write R	URAL and give township)
INSTITUTION			Ballen		<
10 2 10	011.			iurol, give location)	get #1 , 0
1700 1.10	- Cubbins ct	•	120 8 maGutt	un Coul	Bulling
SEX 6. RA		NEVER MARRIED		9. AGE (In years	If Under 1 Yr., If Under 24 Months: Doys Hours Min
Leve. 0-	N WIDOWEI	D, DIVORCED (specify)	3-13-1000	lost birthdoy)	Months Doys Hours Mir
	ON (Give kind of work 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of forei	gn country)	12. CITIZEN OF
one during most of working	life, even if retired)		R. M. 2.	1	WHAT COUNTRY?
3. FATHER'S NAME	Towary		14. MOTHER'S MAIDEN NAM	A.E.	USA
	07 1		1	5	
phuso	~ sleven		Ummen	ľ,	
S. Was/Decoosed Ever (es, no or unknown) (If ye	in U. S. Armed Forces? es, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS COFT
	201		maurlo (C)	ockers 11	1 Below II
18.44	1	CAUSE OF	DEATH	710	INTERVAL BETWEEN
DISEASE OR	CONDITION DIRECTLY	4.4		Α.	ONSET AND DEATH
	DING TO DEATH	(A) C	owney Decl	escen	Muchale
	ean the made of dying, e.g., nio, etc. II meons the diseose,	DUE TO		3	
	ion which coused deoth.)	No	La La Para	peresere	A Pinn
ANTE	CEDENT CAUSES	(B) DUE TO	MSHING COUR	IS CO / CINCAL)	Jean
	ONDITIONS, if ony, giving				
UNDERLYING CO	ove couse (A) stoting the NDITION lost.	(C)	0 7000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		BB 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	11				
	T CONDITIONS CONTRIBUTIN				
E IO INC DEATH	BUT NOT RELATED TO TH	it.			
19A. DATE OF OPER	ATION 198. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	INDINGS CONSIDERED
OR CONTRIBUTING	CAUSE OF hon		or obout 21C. WHERE DID ice bldg., INJURY OCCUR?	(If in Baltimore	City, give exoct locotion)
DEATH (notify medic	col exominer) etc.	)			
OF IN HIRV	nth) (Doy) (Year) (Hour) 21E	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX)	Wh	ile At Not While			
22 I cartify that	(I) (this haspital) attended t		12/12/6	19 to 1.07	1966
		~ , ~	1 11		(
	saw the deceased alive an	- 1		urin(my) (dur) apin	ian death accurred an the
23A. SIGNATURE	n the causes stated above. (	i) (πe) (did) (dld nat) v	ew the bady after death.		23B, DATE SIGNED
Lon. SIGNATURE	M P.	Atte	nding Med.	Stoff	LANT MALL
relece	Of Referen	Phys	Director	Phys.	19 74/66
23CPHYSICIAN'S NAME (Type)	V	2	3D. ADDRESS		495.70
DR AC	BERT L. LAFO	REST M.D.	822N. 10000	57	
AAA BURIAL CREMATIC		AME of CEMETERY OF CRE	MATORY 24D. LO	OCATION (Cit	y, town, or county) (Stor
11-75-66	Busin 1	Delet Post	_	BUT. A.	.0
SA. DATE REC'D BY H	EALTH DEPT. 25B. NAME	OF REGISTRAR	2SC. FUNERAL DIRECTOR	July 1H	ADDRESS
0.00	0 4 4000 0 0 0	Q Jana	7 81.7 dul	3/	p Da
HCT	Z 4 1900 (11 / will)	C. MENDON I	1 CHAMINILLE	VS07 1077	Beenel VII led

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Sec. 10 Pt Refusion DR ALMERT L'LAFORRIT PILL PILL TING IT

## BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 6 10706

M.E. CASE NO.	CLASED						ED DEAD	
(Type or Print)	ALAN	R. I	E BLANC			1 HOUR PRONOUNCE		44 66 5
3 PLACE IN RAI	LTIMORE, MARYLAND, W			III IISIIAI BESIF		ber 23, 1966		11:55 P. A
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)				A. STATE M	aryland	R COII	INTY	
11.2				В	altimor	e	1	1-17
Sin	nai Hospital		(DOA)	D. STREET ADD	RESS (If rurol,	, give location)		
99				4	414 Col:	mar Garden I	rive	
Male	6. RACE White		NEVER MARRIED DIVORCED (specify)	Apr. 17,		9. AGE (In years lost birthdoy) 40		1 Yr. If Under 24 H Doys Hours Min
done during most o	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR done during most of working lile, even if retired)  Clerk  Hospital							
13. FATHER'S NA	ME	-		14. MOTHER'S M	AIDEN NAM	E		
	Eugene	J. Lef	Blane		Sylvia	Boudreaux		
15. WAS DECEAS	SED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		11-1-1-1	ADDRESS	
yes	W #2	3 01 30111007	217-20-2288	Mrs. Ala	n LeBla	ne, 4414 K	Colmar	Gardens D
1B.	11 0		CAUSE	OF DEATH		, , , , , , , ,		INTERVAL BETWEEN
DISE	ASE OR CONDITION D	DECTLY					100	ONSET AND DEAT
	ASE OR CONDITION DI LEADING TO DEATH		Arter	iosclerot	ic hear	t disease		
(This does heart foilur injury or c	not meon the mode of re, osthenio, etc. It meons complication which coused	dying, e.g., the disease. death.)	DUE TO	40004040	LOIICHL	culbease		
	ANTECENDENT CAUSE	c					1-	
DISEASES	OR CONDITIONS, IF A		(B)		************	\$\$ 000\$ 00\$ \$00\$\$ 00\$\$ \$1		
RISE TO T	HE ABOVE CAUSE (A) S'ING CONDITION LAST.	TATING THE	200				2 2 8	
Z			(C)	*******************************				********************
DE .	II .							
O THE	GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO		HA \$500 \$\$   A SH 000 00 00 A & 00 HA 60 0	04400====0004400===00	x		#8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
19A. DATE C	OF OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY		IN CERTIFYING CAUS		
UNDERLYING DEAL	AL CAUSE WAS GOR CONTRIB-	21B. home etc.)	PLACE OF INJURY (e.g., a, form, foctory, street,	in or obout 21C. \	WHERE DID		ve exoct lo	cotion)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo		WHILE AT NOT AT W	WHILE ORK	OW DID INJ	URY OCCUR?	34	
22.	ertify that I held an I			tapsy X an	d that an th	is basis, death in m	v opinier	
			Accident Suicid			Undetermined manne		
rest	ulted fram: Natural ca	0202					BI [	
ACTU		ele J.	A MID	ASSISTANT M		XAMINER XAMINER		DATE SIGNED
EXAM		S. Spr	ingate, M.D.	ASSOCIATE A			ctober	24, 1966
23A. BURIAL CR		23	C. NAME of CEMETERY	OF CREMATORY	23 D. 1	OCATION (City,	town, or c	county) (Stote)
Buria	- 10/27/	66	Woodlawn Cen	netery	Woo	dlawn, Balto	.Coun	ty, Md.
	D BY HEALTH DEPT.		OF REGISTRAR	24C. EUNER	Man X	2 1677 1	A	eights Ave
VS 151-REV. 1/1	1/65	A CONTRACTOR	See to	0 /	А 4			

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BALTIMORE CITY HEALTH DEPARTMENT

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NAME OF DE	John Thomas	Tacik			ober 23, 19	
FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospitol	ARYLAND or institution,	give street	4. USUAL RESIDENCE (WHA, STATE B, COU	nere deceased lived. If	institution: residence before admission of the control of the cont
2802	Christopher .	Ave.		D. STREET ADDRESS (I	f rurol, give locotion)	71-06
Male Male	6. RACE		D, DIVORCED (specify)	8. DATE OF BIRTH  9/ 14/ 1880	9. AGE (In years lost bighdoy)	If Under 1 Yr. If Under 24 I Months Doys Hours Min
	CUPATION (Give kind of word working life, even if retired)		ired	11. BIRTHPLACE (Stote or for Poland		12. CITIZEN OF WHAT COUNTRY?  Poland
Andr	ew Tacik			14. MOTHER'S MAIDEN NA Angela -		
	d Ever in U. S. Armed Forn) (If yes, give wor or dot		16. SOCIAL SECURITY NO. 196-07-5946	17. INFORMANT  Charles Durb	nam 2802 Ch	ristopher Ave
(This does	ASE OR CONDITION DI LEADING TO DEATH not mean the mode of , asthenia, etc. It mean implication which causes	f dying, e.g., s the disease, d death.)	(8)	y pentrusiue C	ARdio VASC	WAR 2 7/5 ARS
OTHER SIGN	LEADING TO DEATH not mean the mode of , asthenia, etc. It mean mplication which causes ANTECEDENT CAUSE OR CONDITIONS, if he above cause (A) IG CONDITION last.  II HIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING	f dying, e.g., s the disease, d death.)  S  any, giving stating the  CONTRIBUTIN ATED TO TH	(B) DUE TO (C)	ache xia		ZM05.
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IMPORTANT his FUNERAL DIRECTOR: chief medical approved

VS 150-REV. 1/1/65

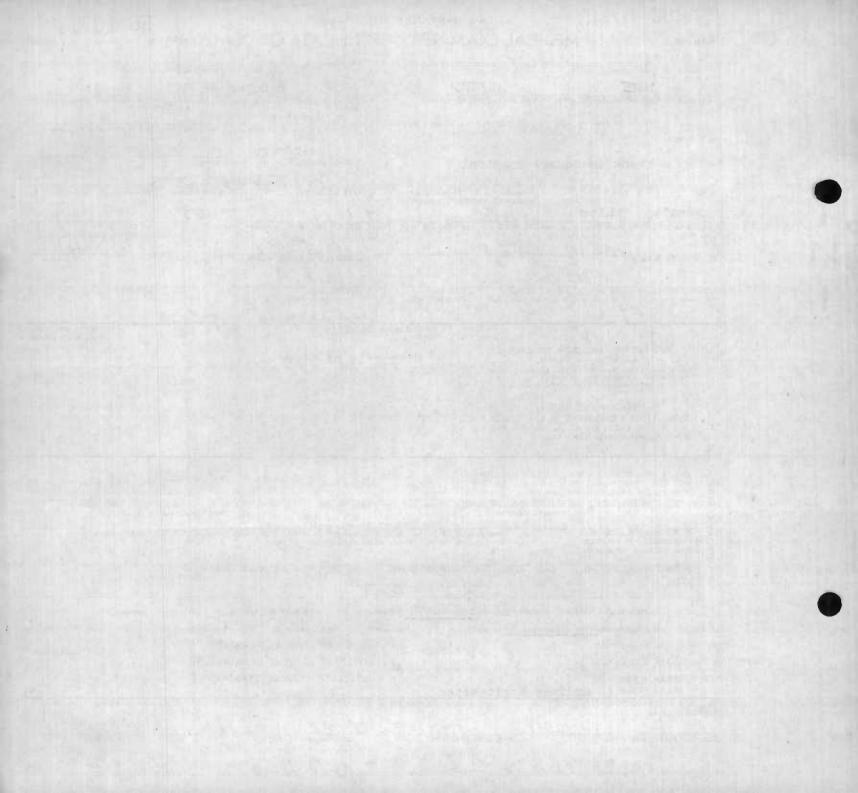
BALTIMORE CITY HEALTH DEPARTMENT Registered No.\_ 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS same address INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) ....ond that in (my) (our) opinion death accurred on the date 23 B. DATE SIGNED **ADDRESS** 

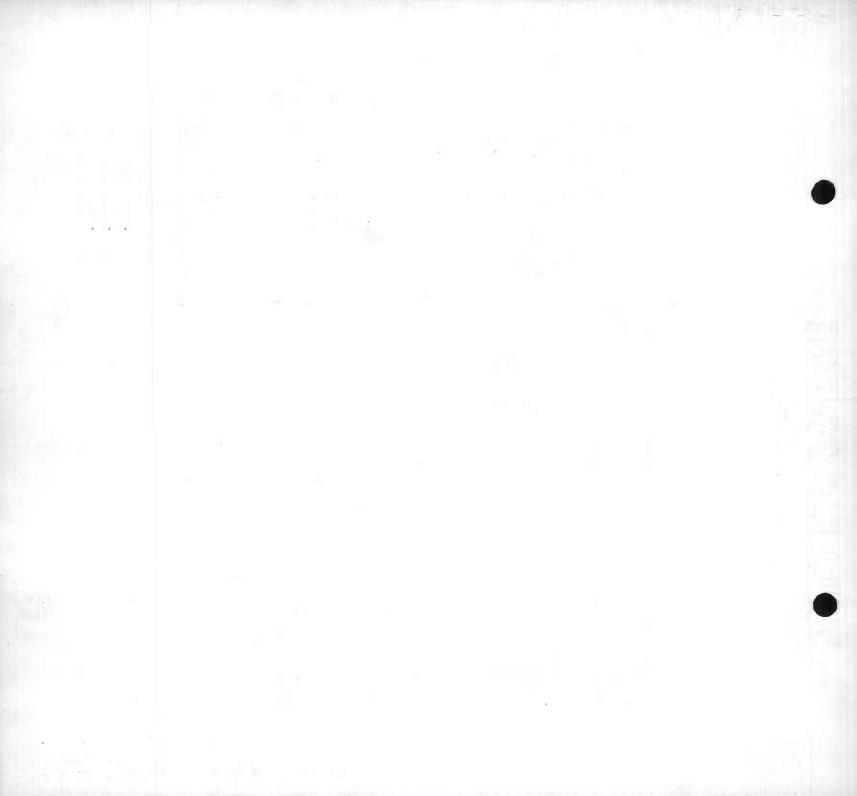




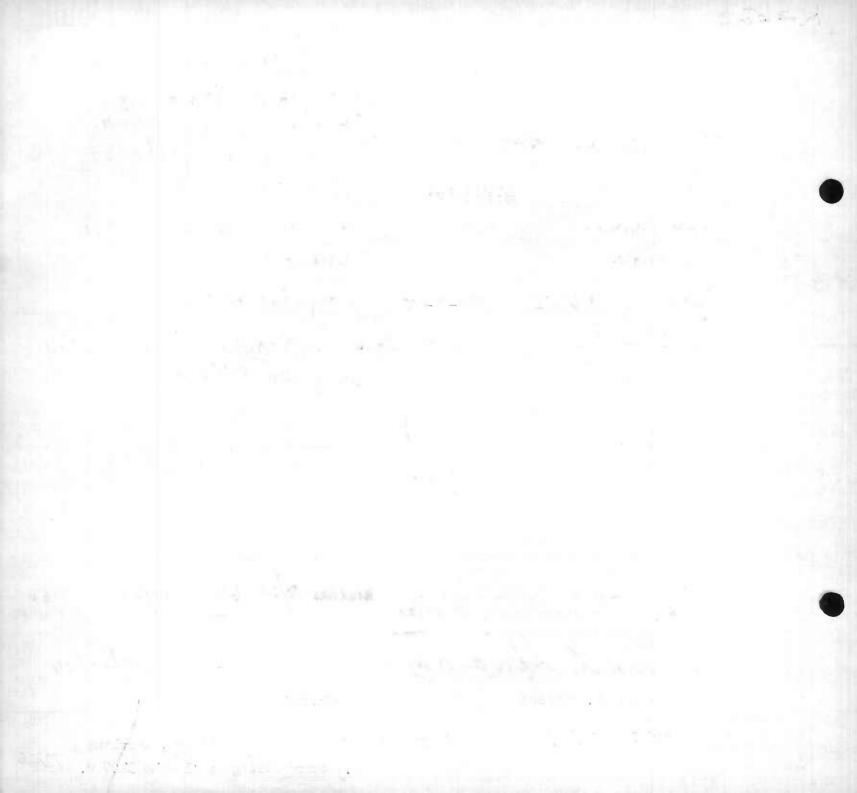
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BIRTH NO.	MEDICAL EX	CAMINER'S C	EKTIFICA I	E OF DE	AIH Register	red Na	
M.E. CASE NO.					9 8 19		7 7 1
1. NAME OF DECEASED				2. DATE AND H	OUR PRONOUNCE	D DEAD	
MA	COL	LINS		Octobe	r 24, 1966	1:00	0 P <sub>M</sub> .
3. PLACE IN BALTIMORE, M	ARYLAND, WHERE PRONO	UNCED DEAD	A. STATE			tution: residence befo	re odmission)
	OT IN HOSPITAL OR INSTIT	UTION, GIVE STREET			orporote limits, write	RURAL and give to	washiph 3
Frankli	n Square Hospi	tal	D. STREET ADDR	timore LESS (If rurol, giv	e locotion)	8	
			104	2 W. Lom	bard Stree	t	
5. SEX 6. RACE Female Whi	WIDO WED,	NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9.3	9. AGE (In years lost birthdoy)	If Under 1 Yr. If U Months, Doys, Ho	
IOA, USUAL OCCUPATION (	V V A-L	F BUSINESS OR INDUSTR	TY 11. BIRTHPLACE (	State or foreign c		12. CITIZEN OF	<del></del>
done during most of working life,	even if retired) at	Lome		tucky		WHAT COUNT	RY?
3. FATHER'S NAME	11 h		14. MOTHER'S MA				
15. WAS DECEASED EVER IN	W. MENOWN	116. SOCIAL	17. INFORMANT	nour		ADDRESS	
Yes, no orunknown) (If yes, gi		SECURITY NO.	2000 7. 6	ofon F	Til Park	-alon	ul
1B.	1	CAUS	E OF DEATH	exerc ss	of the		L BETWEEN
DISEASE OR CO	NDITION DIRECTLY	011				ONSET A	NO DEATH
	TO DEATH the mode of dying, e.g.,	(A) CITT	osis of Li	ver	***************************************		************
heart failure, asthenia,	etc. It meons the disease,	DOE 10					
ANTECENI	DENT CAUSES					AC	
DISEASES OR COND	DITIONS, IF ANY, GIVING	(B)					*************
UNDERLYING COND	CAUSE (A) STATING THE					3 39 507	
Z		(C)	•••••	•••••			
A CTUER SIGNIFICANT	II	NC					- 1
TO THE DEATH B	CONDITIONS CONTRIBUTION TO TO CONTRIBUTION ON CAUSING IT.						
OTHER SIGNIFICANT TO THE DEATH E DISEASE OR CONDITI	198, CONDITION FOR	WHICH OPERATION	20A. AUTOPSY?	IN	OF YES, WERE FIN	DINGS CONSIDERED	D
21A, EXTERNAL CAUSE UNDERLYING OR CONTO	TRIB- home	PLACE OF INJURY (e.g., e, form, foctory, street,	in or about 21C. W	HERE DID (If it	n Boltimore City, giv	re exact location)	
UNDERLYING OR CONTUING CAUSE OF DEA		1 E. INJURY OCCURRED	21 F. H.C	YRULNI DID WC	O C C UR?		
OF INJURY (APPROX.)		WHILE AT NOT	WHILE WORK				
22. I certify that I	held an Inquiry	FF ()	utapsy and	that on this b	asis, death in m	y apinlan	
resulted from:	Natural causes X	Accident Sulcia	de Hamicia	de Und	etermined monne	or 🔲	
ACTUAL	KAR-2.F	11 2 5	CHIEF ME	EDICAL EXAM		DATE	SIGNED
SIGNATURE	1 Jan	M.D	ASSOCIATE MI			10/	05166
NAME (Type)	Rudiger Breit						25/66
23A, BURIAL CREMATION, REMOVAL (Specify)	23B. DATE 23	C. NAME OF CEMETERY	or CREMATORY	23D. LOC.	ATION (City,	town, or county)	(State)
Revial 24A. DATE REC'D BY HEALT	10/26/66 H DEPT. 248, NAME	Jandon of Te	21th Eou 24C. FUNERA	AL DIRECTOR	oph mil	Rd Bal ADDRESS	to Go
	r 1000 A 00 6	0 Z. B. 44	- 2-6	Je of		8 9	2600





VS 150-REV. 1/1/65



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ANAME OF OFCASED  PACE OF DEATH IN PARTIMORE, MARILAND  TULL NAME OF INSTITUTOR  THE JOHN'S HOPKINS HOSPITAL  THE JOHN'S HOPKINS HOSPITAL  THE JOHN'S HOPKINS HOSPITAL  SEE  ASSETT ADDRESS If Irrad, ave location  THE JOHN'S HOPKINS HOSPITAL  THE JOHN'S HOSPITAL  THE JOHN'S HOPKINS HOSPITAL  THE JOHN'S HOPK	CC 40747	BALTIMORE CITY	Y HEALTH DEPARTMENT	1	CC 10745
NAME OF DECEASED  FREDERICK KROTEE  FACE OF DIATH IN TAILHOUR, MARKAND  FULL NAME OF  WILL NAME OF  WILL DAME OF  WAS COUNTED  WAS COUNTED  WAS COUNTED  WAS COUNTED  WILL DAME OF  WILL DAME OF  WAS COUNTED  WILL DAME OF  WAS COUNTED  WAS COUNTED  WAS COUNTED  WILL DAME OF  WAS COUNTED  WAS COUNTED	BIRTH NO. 66 10717	CERTIFICA	ATE OF DEATH	Registered No.	00 10/1
FREDERICK KROTEE  10. JUNAL RESIDENCE Was recorded for due to institution and the control of the	M.E. CASE NO. 1, NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
THE JOHNS HOPKINS  THE JOHNS HOP	Type or Print)		- 7		7.8E E
THE JOHNS HOPKINS  THE JOHNS HOP	PLACE OF DEATH IN BALTIMORE MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admis
THE JOHNS HOPKINS HOSPITAL  COTTO RIOW   If autifact city limits, write EURAL and give, township)  THE JOHNS HOPKINS HOSPITAL  SEX S. RACE   MARRIED NEVER MARRIED   STREET ADDRESS   If Und. ave Incident   Months of Mark   Month			A. STATE B. COUN	14	10 11 10
THE JOHNS HOPKINS HOSPITAL  BALTIMORE  D. STREET ADDRESS  III rord, give located of the poors of	FULL NAME OF (If not in hospital at institution, give stre	eet	MARYLAND ,	BALTIMORE	13 w/co.co
D. STREET ADDRESS   Ill tund, give location   Face   Fac			C. CITY OR TOWN (If out	side city limits, write	RURAL ond give township)
D. STREET ADDRESS   Ill tund, give location   Face   Fac	Tue laura Haerres Hasses		BALTIMORE		33-00
MALE WHITE   P. MARRIED, NEVER MARRIED   S. DATE OF BIRTH   P. ADE III years   Words, D. DVORCEO lapseity   10-18-07   S. DATE OF BIRTH   P. ADE III years   Words, D. DVORCEO lapseity   10-18-07   S. DATE OF BIRTH   P. ADE III years   Words, D. DVORCEO lapseity   10-18-07   S. DATE OF BIRTH   P. ADE III years   Words, D. DATE OF BIRTH   P. ADE III years   Words, D. DATE OF BIRTH   P. ADE III years   Words, D. DATE OF BIRTH   P. ADE III years   Words, D. DATE OF BIRTH   P. ADE III years   Words of words of service   V. S. A. ADDRESS   W. ADDRESS	THE JOHNS HOPKINS HOSPITA	A L	D. STREET ADDRESS (If		ωL
MALE WHITE WIDOWED DIVORCED (specify) 10-18-07 ost bigblegoy hours for the provided in the provided of the provided in the pro	23		7800 PHILAD	ELPHIA KO	AD "C
MALE WHITE  AUSUAL OCCUPATION[Give kind of workhight, KIND OF BUSINESS OR INDUSTRY 1], BIRTHPLACE (Sinder of foreign country)  Thorist  Brathers name  Frederick  Annie J. Tribbée  Annie J. Tri	SEX 6. RACE 7. MARRIED, NEVER	MARRIED		9. AGE (In years	If Under 1 Yr. , If Under 24
ALUSAL OCCUPATION (Give kind of weak) to get me decigned of working life, even if relied!  PLOTIST  Self employed    A. MOTHES MANDEN NAME   FREDERICK Krote	MALE WHITE WIDOW		10-18-07	lost burndoy)	Months Doys Hours M
The during most of working life, were if relived and the proposed and the					12. CITIZEN OF
AMDRESS MAIDEN NAME   14. MOTHERS MAIDEN NAME   AMDRESS     AMDRESS   AMDRESS   AMDRESS   AMDRESS     AMDRESS   AMDRESS   AMDRESS     AMDRESS   AMDRESS   AMDRESS     AMDRESS   AMDRESS   AMDRESS     AMDRESS   AMDRESS   AMDRESS     AMDRESS   AMDRESS   AMDRESS     AMDRESS   AMDRESS   AMDRESS     AMDRESS   AMDRESS   AMDRESS     AMDRESS   AMDRESS   AMDRESS     AMDRESS   AMDRESS   AMDRESS     AMDRESS   AMDRESS   AMDRESS     AMDRESS     AMDRESS   AMDRESS     AMDRESS     AMDRESS   AMDRESS     AMDRESS     AMDRESS     AMDRESS   AMDRESS     AMDRESS	one during most of working life, even if retired)			,	WHAT COUNTRY?
FREDERICK Krotee  Who Deseated Ster in U. S. Armol Foctor?  Expon or winfrowmill yes, give wor or doles of service)  16. SOCIAL  NO  18.   CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., hoot of line), or complication which caused death.)  ANAICECEDIT CAUSES  DISEASES OR CONDITIONS, if one, giving isse to the obove cause (A) stoling the UNDERLYING CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSES  DISEASES OR CONDITION SOUTH THE STORMEN STORMEN SOUTH THE STORMEN STORMEN SOUTH THE STORMEN SOUTH	Florist self empl	oyed			U.S.A.
INDEASE ARE EVEN IN U. S. Armed Forces?  SECURITY NO.  218-32-1065 Mr Karl F. Protee 7800 Philadelphia Rost  SECURITY NO.  218-32-1065 Mr Karl F. Protee 7800 Philadelphia Rost  INTERVAL SETWEE ONSET AND DEATH  CAUSE OF DEA	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
INDEASE ARE EVEN IN U. S. Armed Forces?  SECURITY NO.  218-32-1065 Mr Karl F. Protee 7800 Philadelphia Rost  SECURITY NO.  218-32-1065 Mr Karl F. Protee 7800 Philadelphia Rost  INTERVAL SETWEE ONSET AND DEATH  CAUSE OF DEA	FREDERICK Krotee		Annie J	. Tribbie	
SECURIT NO.   218-32-1065   Mr Karl F. Arotee 7800 Philadelphia Rod   218-32-1065   Mr Karl F. Arotee 7800 Philadelphia Rod   218-32-1065   Mr Karl F. Arotee 7800 Philadelphia Rod   1818-1081   18	5. Was Deceased Ever in U. S. Armed Forces? 16. SO	CIAL			ADDRESS
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DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heat follow, esthemic, etc., li means the disease, injury or complication which coused dooth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving isse to the above cause (A) stoling the UNDERLYING CONDITION IS.  DISEASES OR CONDITIONS ONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION SONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  1974. DATE OF OPERATION 1984. CONDITION FOR WHICH OPERATION WAS PERFORMED  1974. DATE OF OPERATION 1984. CONDITION FOR WHICH OPERATION WAS PERFORMED  1974. DATE OF OPERATION 1984. CONDITION FOR WHICH OPERATION POR CONTRIBUTING CAUSES OF DEATH?  2184. PLACE OF INJURY (e.g., in or about 2) C. WHERE DID INJURY OCCUR?  2204. AUTOPSYT (Yes or Not 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH?)  2214. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED  2216. THAT (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED  While AI Not White AI NOT WAS UNDERLYING COURSED  OF INJURY (APPROX)  221. Certify that (I) (this hospital) attended the deceased from OCT 0.BER 23. 19 GO and that in (my) (our) opinion death occurred on the dath of the causes stoted offere. (I) (We) (did) (did not) view the body after death.  231. SIGNATURE  232. FHYSICIAN'S NAME (Typer HAMON J. PEYRE M.D. Attending Med. Stoff Phys. The Johns Hopkins Hospital  10-27-1966 Parkwood Cemetery  10-28-197-1966 Parkwood Cemetery  10-28-197-197-197-197-197-197-197-197-197-197	No 218	-32-4065	Mr Karl F. Aro	tee 7800 P	hiladelphia Rod
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Space of Condition Causing IT.   198. Condition for which operation   20A. Autopsy? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   YES   21A) Accident was underlying   21B. Place of injury (e.g., in or obout 21C. where DID home. form, foctory, street, affice bldg.   10   10   10   10   10   10   10   1					
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21A) ACCIDENT WAS UNDERLYING   21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID   10 to CONTRIBUTING   CAUSE OF   C	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED
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DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED While At Work  22. I certify that (I) (this hospital) attended the deceased from OCTOBER 23, 19 66 to OCTOBER 23, 19 66 and that in (my) (our) opinion death occurred on the and hour and from the causes stoted above. (I) (We) (did) (did not) view the body after death.  23A. SIGNATURE  23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  HARMON J. EYRE  M.D. THE JOHNS HOPKINS HOSPITAL  44. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  Burial  10-27-1966  Parkwood Cemetery  Baltimore	21A) ACCIDENT WAS UNDERLYING 21B, PLACE	OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimore	e City, give exact location)
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While At Work  22. I certify that (I) (this hospital) attended the deceosed from OCTOBER 21. 19.66. to OCTOBER 23. 19.65  that (I) (we) lost saw the deceased alive on OCTOBER 23. 19.66 and that in (my) (our) opinion death occurred on the and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.  23A. SIGNATURE  23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Typer  HARMON J. EYRE  M.D. THE JOHNS HOPKINS HOSPITAL  4A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  Burial  10-27-1966  Parkwood Cemetery  Baltimore		Y OCCURRED	21F, HOW DID IN I	URY OCCUP?	
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23C. PHYSICIAN'S NAME (Type)  HARMON J. EYRE  M.D. THE JOHNS HOPKINS HOSPITAL  4A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  Burial  10-27-1966 Parkwood Cemetery  Baltimore  Md. C.	23M. JIGNATURE	9	tending - Mad	Y- 11-12	
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HARMON J. REYRE M.D. THE JOHNS HOPKINS HOSPITAL  4A. BURIAL CREMATION, REMOVAL (Specify)  Burial 10-27-1966 Parkwood Cemetery  Baltimore  Md. C.	23C. PHYSICIAN'S		23 D. ADDRESS		
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SA. DATE REC'DO THE ATTS 01966 DE NAME OF ECISTARE 25C. FUNERAL DIRECTOR ADDRESS 30	Burial 10-27-1964 Parkw	ood Cemet	erv B	eltimore	5 but
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	H NO.	MEDI	CAL EXAMINER 3	CERTIFICAT	IE OF DEATH Registe	red No.
_	AME OF DEC	CEASED			2. DATE AND HOUR PRONOUNC	ED DEAD
	e or Print)	James	BEATTY			
3. P	LACE IN BALT		HERE PRONOUNCED DEAD	4. USUAL RESID	October 23, 1966 ENCE (Where deceased lived, If inst	6:55 P.M.
FUL	L NAME OF SPITAL OR TITUTION		AL OR INSTITUTION, GIVE STREET	A. STATE Ma	B. COURTY IN (f) outside corporote limits, write	BALTIMORE C
2	1		Ava.		470.	53-00
4	City	Hospital	(D		RESS (II rurol, give locotion)  Route 15	
5. <b>S</b>	EX #	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	H 9. AGE (fn years	If Under 1 Yr. If Under 24 Hrs.
	Male	White	MIDOWED, DIVORCED (specify)	any 6	1903 lost birthdoys 63	Months, Doys, Hours, Min.
done	during most of	working life, even if retired)	10B. KIND OF BUSINESS OR INDL	m	d	12. CITIZEN OF WHAT COUNTRY?
13. F	ATHER'S NAM	A E		14. MOTHER'S M.	N D	
		Beatly D EVER IN U.S. ARMED		17. INFORMANT	good thomas	ADDRESS
		(If yes, give wor or dote	s of service) SECURITY NO.	h 4	20	
_	IB.			Mers 11	Mary a. David	BCA7436 Rt 15
	10.	0.01	C	AUSE OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION DI				
	(This does heart foilute injury or co	not mean the mode of , ostherio, etc. It means mplication which coused	the disease,	erioscieroti	c heart disease	
		ANTECENDENT CAUSE	c			
		OR CONDITIONS, IF A	(B)			
	RISE TO TH	IE ABOVE CAUSE (A) ST	ATING THE			
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CERTIFICATION	TO THE	NIFICANT CONDITIONS DEATH BUT NOT REL OR CONDITION CAUSING	ATED TO THE			
CERT	19A. DATE OF	F OPERATION 198 CON	DITION FOR WHICH OPERATION FORMED	20A. AUTOPSY	? (Yes or No) 20B. IF YES, WERE FI	
	UNDERLYING	L CAUSE WAS OR CONTRIB-	21B. PLACE OF INJURY ( home, form, foctory, streetesf	le.g., in or about 21 C. W	VHERE DID (If in Boltimore City, gi	ve exoct location)
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ì	OF INJURY (APPROX.)	(Month) (Doy) (Teor		NOT WHILE	SW UD INJURI OCCUR:	
100	22.	tify that I hald an I	nquiry Inspection X		d that on this basis, death in r	ny estaten
				olcide Homici		
	resu	Ited from: Notural cou	Accident   30			er 🗀
	ACTUA		2 J. South		EDICAL EXAMINER X	DATE SIGNED
	EXAMIN NAME (	NER'S Charles	S. Springate, M.D	155001175 11		October 24, 1966
	BURIAL CRE	MATION, 23B. DATE	23C. NAME of CEMET	ERY or CREMATORY	23D. LOCATION (City	, town, or county) (State)
	Bur	al bet 2	6,1966 Mosel	ande	Baltin	I Mid
244	. DATE REC'D	BY HEALTH DEPT.	24B NAME OF REGISTRAR	24C. FUNERA	AL DIRECTOR	ADDRESS
		OCT 26 1961	Robert E. Farle	WHAT LON	ubly don	300 more
VS	151-REV. 1/1/	/65	7 0 0	. ) 0 1	0//1	

A contact un caroun enoitest

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 10719

M.E. CASE NO.	
1. NAME OF DECEASED Type or Print) ANNA L. SNYD	DER October 23. 1966 9:30 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DER October 23, 1966 9:30 A. M.  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) B. COUNTY
	A. STATE B. COUNTY  Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
NSTITUTION	Baltimore /
= 913 Lemmon Street	D. STREET ADDRESS (If rurol, give location)
	913 Lemmon Street
Female White 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH  9. AGE (In years lost birthday)  1/29/84  9. AGE (In years Months Doys Hours Min.
IDA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
HOUSE WORK OWN HOME 3. FATHER'S NAME	RICHMOND, VA. 21.5. A
WILBUR GLAZEBROOKS	VIRGINIA SUTTON
5. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown of Ulf yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO	CLY WE A.SNY DEN SR. 1465 HUPER
1B. CAUS	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH  (This does not meen the mode of dying, e.g.,  DUE TO	ciosclerotic cardiovascular disease
(This does not mean the mode of dying, e.g., hear foilure, asthenia, etc. It means the disease, injury or complication which coused death.)	
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION	
DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	No
UNDERLYING OR CONTRIB-	office bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT	WHILE WORK
22.	
	utopsy ond that on this basis, death in my opinion
resulted from: Notural couses X Accident Suici	Ide Homicide Undetermined monner
ACTUAL ( L. O. C )	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.	D. ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER October 24, 1966
23A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) 18-26-66 107100W	DADI CEN DAL TIMADE MANY LAND
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C, FUNERAL DIRECTOR ADDRESS
240, NAME OF REUGIKAK	PRATT
1000 000 0 700	WALTER CTW NERA - HOME STRICKE

4-200

FULI HOS

5. SE

CERTIFIC

MEDICAL

21D TIME

OF INJURY

ACTUAL

REMOVAL (Specily)

Burial

SIGNATURE

EXAMINER'S

NAME (Type)

24A, DATE REC'D BY HEALTH DEPT.

22.

done during most of working life, even il retired)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown), (If yes, give wor or dates of service)

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not meon the mode of dying, e.g., heart lailure, asthenia, atc. It means the diseasa, injury or complication which caused death.)

ANTECENDENT CAUSES

UNDERLYING CONDITION LAST.

DISEASE OR CONDITION CAUSING IT.

21A. EXTERNAL CAUSE WAS

UNDERLYING OR CONTRIB-

(Month)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE

(Doy)

I certify that I held an Inquiry

resulted fram: Natural causes X

23B. DATE

10-28-66

19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION

(Yeor)

(Hour)

Rudiger Breitenecker

WAS PERFORMED

City orker

66 1 H NO. CASE NO.	L0720 MED	BALTIMORE CITY HEADICAL EXAMINER'S	ALTH DEPARTMENT CERTIFICATE OF D	EATH Register	66 10720
AME OF DECEA	NUEL	LEWIS		HOUR PRONOUNCE er 24, 1966	
NAME OF			4. USUAL RESIDENCE (Where de A. STATE Maryland C. CITY OR TOWN (If outside Baltimore D. STREET ADDRESS (If rure), g	B. COU	NTY
X 6.	RACE RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	Strett  9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Male	Colored	married mainted	12-8-03	lost birthdoy)	Months Doys Hours

Maryland

17. INFORMANT

Cardiovascular Disease

CAUSE OF DEATH

NOT WHILE

Surcide

Baltimore National Cem.

23C. NAME OF CEMETERY OF CREMATORY

Autopsy

4. MOTHER'S MAIDEN NAME

Arteriosclerotic and Hypertensive

21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Baltimoro City, give exact location) home, form, factory, street, office bldg., NJURY OCCUR?

Hamicide

M.D. ASSISTANT MEDICAL EXAMINER

24C. FUNERAL DIRECTOR

ASSOCIATE MEDICAL EXAMINER

21 F. HOW DID INJURY OCCUR?

CHIEF MEDICAL EXAMINER

23D. LOCATION

12. CITIZEN OF

ADDRESS

Laura Lewis 1215 Parrish Street

20A, AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED

and that an this basis, death In my apinion

Undetermined manner

IN CERTIFYING CAUSES OF DEATH?

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

DATE SIGNED

10/25/66

(City, town, or county)

ADDRESS

Balti more, Maryland

Kelson 1348 N. Calhoun Street

10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country)

6. SOCIAL

SECURITY NO.

218-10-730B

DUE TO

21E. INJURY OCCURRED

Inspection X

WHILE AT

Accident

24B, NAME OF REGISTRAR

m. WORK

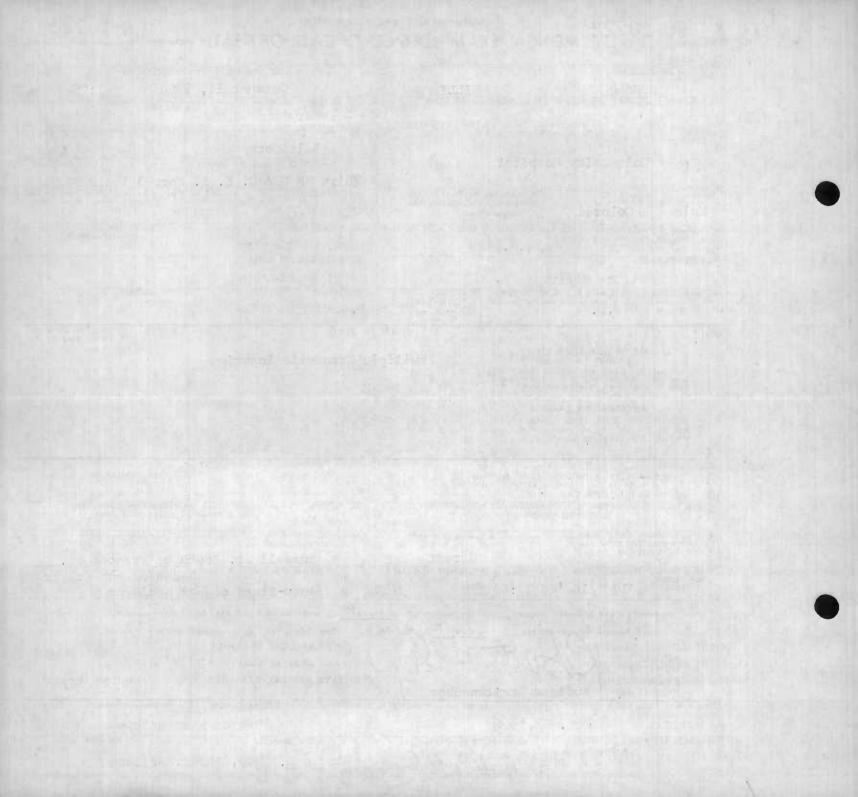
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ST.  If under 1 Yr. If under 24 Hrs. Months Doys Hours Min.  12. Citizen OF WHAT COUNTRY? U.S.A.
orite RURAL and give Township)  ST.  If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.  12. CITIZEN OF WHAT COUNTRY?  U.S.A.
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If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.  12. CHIZEN OF WHAT COUNTRY?  U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
U.S.A.
U.S.A.
ADDRESS
ADDRESS
13 Brighton Street
INTERVAL BETWEEN ONSET AND DEATH
5 minutes
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tsculp
VERE FINDINGS CONSIDERED G CAUSES OF DEATH?
Yes Itimore City, give exact location)
00 23 19 66
) apinion deoth accurred an the date
23B. DATE SIGNED
10/25/66
1 7 7 6
S HOSPITAL
(City, town, or county) (State)
e, Maryland
ADDRESS
N. Calhoun Stree



	BALTIMORE CITY H	EALTH DEPARTMENT			1/	CC	111	729
FDICAL	EXAMINER'S	CERTIFICAT	E OF	DEATH	Registered	No	TO	

DIK	in NO.		MILL	CALLA	MAINTER 5 CI	LIVIIIICAI	LOIL	LA III was an	100 1101	
	E CASE NO.							V \		
1. I (Ty)	NAME OF DEC	CEASED						HOUR PRONOUNCE		
	НО	WARD	nmw		WILLIAMS		Octob	er 16, 1966		1:25 A M.
3. P	LACE IN BALT	IMORE, MARY	LAND, WE	HERE PRONOL	INCED DEAD			deceased lived. If insti B. COU	tution: resid	lence befare admission)
FUI	L NAME OF	(IF NOT II	N HOSPITA	L OR INSTITU	JTION, GIVE STREET		ryland	- P 5	DUDAL	
HOSPITAL OR ADDRESS OR LOCATION)						corporate limits, write	KUKAL an	id give township!		
	0 50 11		77				ltimore		W.	-45
	3	niversi	ty Hos	pital		D. STREET ADDR				
								. E. B. For		
5. \$	EX	6. RACE			NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	1	9. AGE (In years lost birthday)	If Under Manths	1 Yr. If Under 24 Hrs. Days   Hours   Min.
1	Male	Colored	i	Marr		9 July 19	33	33		
				10B. KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign	country)	12. CITIZE	N OF T COUNTRY?
don	SOLDI I		it refired)	U.S.AR	YM	Flora, Mi	ssissis	pi	USA	COONIKIT
13.	FATHER'S NAM	A E				14. MOTHER'S MA	AIDEN NAME			
	F	Bilbo W	illian	ns Jr.		Irine	Sterli	ng		
15.	WAS DECEASE				16. SO CIAL	17. INFORMANT			ADDRESS	
(Yes	yes	) (If yes, give v	vor or dotes	of service)	428-38-8723	U.S.ARMY	RECORT	S		
	1B.	11,7			CAUSE	OF DEATH			C. O.	ONSET AND DEATH
	DISEA	SE OR COND LEADING TO		ECTLY	Multin	le Trauma	tic Ini	iries		
	(This does	nat mean the	mode of	dying, e.g.,	(A) DUE TO	TC IIIIIII	cre mij	TT TC2		
	heort foilure,	, asthenio, etc. mplication whic	it meons h coused d	the disease,					0.33	
				200						
		OR CONDITION			(B)					***************************************
	RISE TO TH	E ABOVE CAL	JSE (A) ST.		DOE 10					
z	UNDEREIT	NG CONDITIO	JN LASI.		(C)					
CERTIFICATION		- 11	-							
\ V		NIFICANT COL							6.0	
F		R CONDITION			HE	**********				*******************
ERT	19A. DATE OF	OPERATION			WHICH OPERATION	20A. AUTOPSY		20B. IF YES, WERE FIR		
	)		WAS PERF	ORMED		Ye	es	IN CERTIFYING CAUS	SES OF DE	Yes
EDICAL		L CAUSE WA		21 B.	PLACE OF INJURY (e.g., form, foctory, street, o	in or obout 21C. W	HERE DID	f in Boltimore City, gi	ve exoct lo	
ŏ		SE OF DEATH		etc.)	Street			t Couth of	F 1700 0 000	and Ch
X	21D TIME	(Month) (D	ay) (Yeor)	(Hour) A 2	TE. INJURY OCCURRED	21 F. HC	TRREATT S	St. South of Ry occur? Decea	rrem	ione Se.
	OF INJURY	4.0	6 '66			WHILE -		Decea	ased w	as driver
	22.	10 1	.0 00	12.4%	WHILE AT NOT W	ORK X AL	ICO-LIX	ed object ac	cciden	t
		tify that I he	ld on In	iquiry 🗌	Inspection Aut	opsy X ond	that on thi	s bosis, deoth In n	ny opinior	
	resul	ted from: No	pturol cau	ses A	Accident X Suicide	e Hamici	de U	ndetermined monne	er 🗌	
		1/	)1	c fe		CHIEF ME	EDICAL EX	AMINER _		
	ACTUA		105	71000	ahil .	ASSISTANT ME				DATE SIGNED
	SIGNAT		A	000	M.D.	ASSOCIATE M				
33	EXAMIN NAME (	Type) R	udige	r Breit	enecker	ASSOCIATE M	EDICAL EX	AMINER		10/16/66
	BURIAL CRE	MATION, 23B	L DATE		C. NAME OF CEMETERY O	CREMATORY	23 D. LO	CATION (City,	, tawn, ar c	county) (State)
RE/	MOVAL (Specific Burial	γ)	ct. 22	1966			Jac	kson Missis	ssinne	
24	A. DATE REC'D				OF REGISTRAR	24C FILMERA	AL DIRECTOR	WEDON MIDDIS		DDRESS
247	- DAIL RECD			1	0 0 % A					
		OCT 26	מספו	Cole	5 E. Jankuma	Harold	S. Wac	le, Laurel, Ma	rylan	d
				1						



BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

S.A.

INTERVAL BETWEEN

ONSET AND DEATH

VS 150-REV. 1/1/65

occurred

IMPORTANT

DIRECTOR:

FUNERAL

approved

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BALTIMORE CITY HEALTH DEPARTMENT

eceased the body decease shows: W as

Registered Na. CERTIFICATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admir sion) (If outside city limits, write RURAL and give township) Dundalk If Under 1 Yr. If Under 24 Hrs, Months Doys Hours WHAT COUNTRY? USA ADDRESS Wife, Mrs. Anna M. Thumma, #4,a,b,c,d. INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) ond that in (my) (our) apinian death occurred on the date 23B, DATE SIGNED (City, town, or county) Baltimore, Md. 25C. FUNERAL DIRECTOR John J. Duda 7922 Wise Ave. Dundalk, Md.

1 or my my . major . The Acceptate and a mental policy of the second

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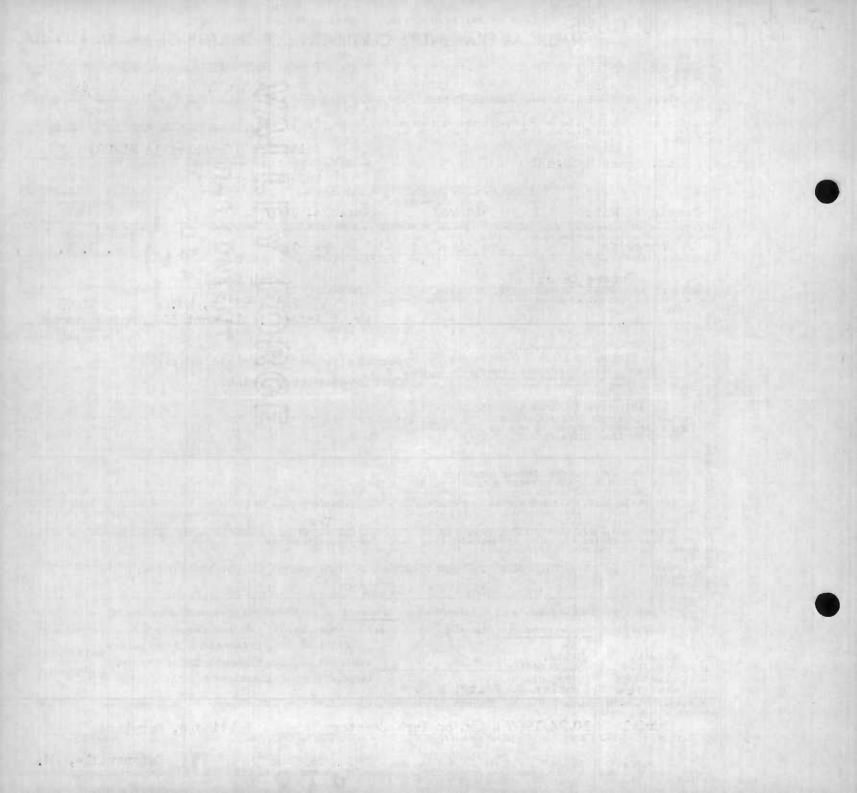
6.63	4000	BY TET INTO THE CITY TO	CACALL DELAMETAL			10
BIRTH NO.	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No.	0 1

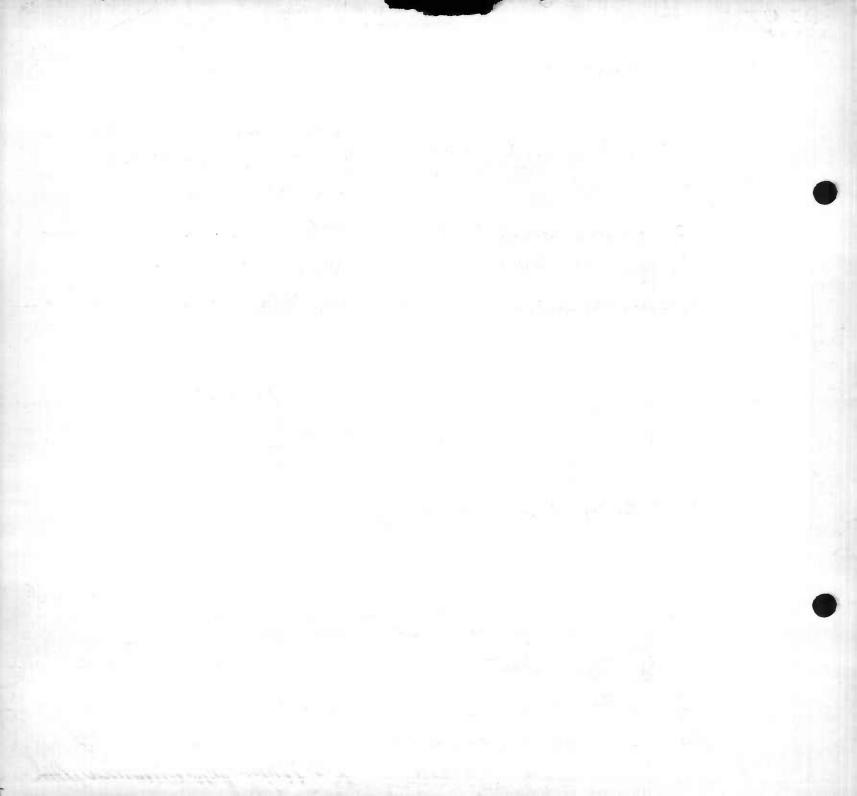
M.	CASE NO.								
1. (Tv	NAME OF D	ECEASED					2. DATE AND HOUR PRO	NOUNCED DEAD	
		DWARD J	•	HAR	RRIS		October 24	. 1966	18:05 P M.
3. F	LACE IN BA	LTIMORE, MAR	RYLAND, WI	TERE PRONOU	NCED DEAD	A. USUAL RESIDENCE   Where deceosed lived. If institution: residence before odmission B. COUNTY  Maryland			
HO	L NAME OF	(IF NOT ADDRES	IN HOSPITA	L OR INSTITUTION)	TION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give towns (p))			
		int on Mor	nordal	Heanite	.1		timore	1	17
	44	nion Mer	HOLLAL	позртса	11		RESS (If rurol, give location		,
	/ /						.4 Schenley Ro		
5. \$	Male	6. RACE White	2	WIDO WED, D	NEVER MARRIED DIVORCED (specify)	MAY 95	lost birthe	loy) Months	r 1 Yr. If Under 24 Hrs. Doys Hours Min.
IOA	USUAL OC		The state of the state of	1111AR	BUSINESS OR INDUSTRY		(State or foreign country)	12. CITIZ	FN OF
		f working life, eve		^		MARYI		WHA	T COUNTRY?
13	CIECTI FATHER'S NA			CONST	Ruction	14. MOTHER'S M.			J.S.A
, , ,	Hann	IF H	2001's			_	Kates		
	WAS DECEA		J.S. ARMED		16. SO CIAL	17. INFORMANT		ADDRES	\$
(Yes	, no or unknow	n) (If yes, give			SECURITY NO.	HalaaD	MARIE HARR	1- 21514	Schewley Ri
	YES	1946	2-194	6.	019-03-1711		THRIE THRE	15 7011	
	18. Ly "	6611	1		CAUSE	OF DEATH			ONSET AND DEATH
	DISE	ASE OR CON		ECTLY					
	(This does	not mean the	e mode of	dying, e.g.,	(A)Arterio	sclerotic	Cardiovascul	ar Disease	
	heart failu	re, osthenio, etc complication whi	. It meons	the diseose,	20110				
		ANTECENDE	NT CAUSES	s					
	DISEASES	OR CONDIT	IONS, IF AL	NY, GIVING	DUE TO				
		HE ABOVE CA		ATING THE					
Z					(C)				
E		il							
ERTIFICATION	TO THE	GNIFICANT CO	NOT REL	ATED TO TI					
E		OR CONDITION			WHICH OPERATION	20A ALITOPSY	? (Yes or No) 208, IF YES,	WERE EINDINGS	ONSIDERED
2	2	or LKA HOLL	WAS PERF		VIII OI EKA IION		IN CERTIFYIN	IG CAUSES OF D	EATH?
7	21 A. EXTERN	AL CAUSE WA	AS	218, 1	PLACE OF INJURY (e.g.,		Yes   WHERE DID (If in Boltimore	e City, give exoct I	Yes
MEDIC	UNDERLYING	OR CONTRI	B-	home, etc.)	form, foctory, street, o	ffice bidg., INJURY	OCCUR?		
Σ	21D TIME	(Month) (I	Doy) (Year)	(Hour) 2	E. INJURY OCCURRED	21 F. H.C	OW DID INJURY OCCUR?		
	(APPROX.)			m. W		WHILE ORK			
	22. I ce	ertify that I h	eld an In	iquiry 🗌	Inspection Aut	apsy X and	d that an this basis, de	eath in my apinia	n
	res	ulted fram: N	Natural cau	ses X A	ccident Suicide	Hamlei	de Undetermine	d manner	
		7	1/1/	. 0	9 (/	CHIEF M	EDICAL EXAMINER		
	ACTU.		110	XUITI	while up	ASSISTANT M	EDICAL EXAMINER	K	DATE SIGNED
	SIGNA	NER'S	VK	)			EDICAL EXAMINER		
02.4	NAME	(Type) Rt		Breiten					10/25/66
	MOVAL (Spec		B. DATE		C. NAME OF CEMETERY O	_	23D. LOCATION	1City, town, or	
	BURIS	1	08 OC				m Balto		
24/	A. DATE REC'	D'BY HEALTH			OF REGISTRAR		AL DIRECTOR		ADDRESS
		OCT 2	6 1966	Robert	5 E. Farber, M.D.	BURG	ee FUNERAL	01	3631 FAIls K
VS	151-REV. 1/	1/65		1 4 1	F .	- VEU	mo Dura	le Her	ros

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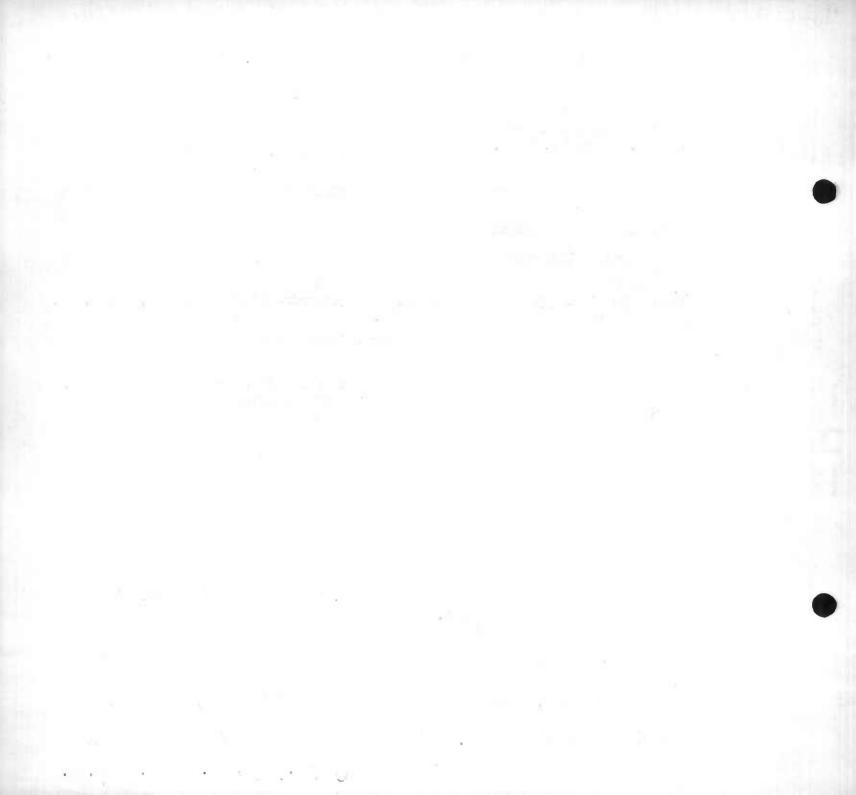
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BIRTH NO.	MED	CAL EX	KAMINER'S CE	RTIFICA	TE OF	DEATH Registe	red No.00	10/26
M.E. CASE NO.							1/	
1. NAME OF DE	CEASED				2. DATE AN	D HOUR PRONOUNCE	ED DEAD	
trype or tillio	THELMA		ALBRECHT		Octo	ber 21, 1966	6 1	6:07 P M
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RES		deceosed lived. If insti	itution: residence	
F1111 111111 0F	UP NOT IN NOOPE				aryland	B. COU	1411	Bullica
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	TION)	JTION, GIVE STREET	C. CITY OR TO	OWN (If outsid	le corporote limits, write	RURAL ond give	ve township)
NSTITUTION				В	altimore	(Catonsvil	1e 21228	1 53-0
St.	Agnes Hospita	1			DRESS (If rutol,		20 22220	
				20	624 Fred	erick Road		
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIE	RTH	9. AGE (In years	If Under 1 Yr.	. If Under 24 Hr
Female	White	WIDO WED,	DIVORCED (specify)	Jan. 24	1907	lost birthdoy	Months Doys	Hours Min.
			F BUSINESS OR INDUSTRY		•	59	12. CITIZEN O	F
done during most of	working life, even if retired)					g., 44411.y,	WHAT CO	OUNTRY?
	ewife	Own	home	Ma:	ryland		U. S	S. A.
3. FATHER'S NAM				4. MOTHERS		HUMBONS TO		
VI	Eugene Cavey					Cougle		
	ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	7. INFORMANT			ADDRESS	27.002
No				No. 07 4		ville, Md.		21093
1B. // /			CALISE	Mr. Cli	nton K.	Albrecht 50'		RVAL BETWEEN
44	OAT						ONS	ET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY	77					
(This does			(A) Hypert	ensive a	and Arte	riosclerotic	<u> </u>	
heart failure	not meon the mode of c, osthenio, etc. It meons implication which coused	the disease,	XXXXXX Card	iovascu]	lar Dise	ase.		
	inpression which coused	oconn,					3 95 100	
	ANTECENDENT CAUSE		(R)				V 300 Call	
DISEASES RISE TO TH	OR CONDITIONS, IF A	NY, GIVING	DUE TO					***************************************
UNDERLYI	NG CONDITION LAST.							
Z			(C)					
OTHER SIG	II	CONTRIBUTO	N.C					
	DEATH BUT NOT RE	LATED TO T	'HE				500	
-	R CONDITION CAUSING		•••••••••••••••••••••••					
19A. DATE OF	F OPERATION 19B. CON WAS PER		WHICH OPERATION	1		20B. IF YES, WERE FIN	NDINGS CONSII SES OF DEATH?	DERED
10				Yes		A STATE OF THE STA		Yes
UNDERLYING	OR CONTRIB-	21 B.	PLACE OF INJURY (e.g., ir e, form, foctory, street, of	fice bldg., INJU	WHERE DID	(If in Boltimore City, gi	ve exoct location	n)
UNDERLYING UTING CAU	JSE OF DEATH.	etc.)						
E 21 D TIME	(Month) (Doy) (Yeor	Hour) 2	TE, INJURY OCCURRED	21 F. I	HOW DID INJ	URY OCCUR?		
OF INJURY (APPROX.)			WHILE AT - NOT W	/HILE				
		m. V	WHILE AT NOT W	RK .		M.C. T. J. L.		
22. 1 cer	tify that I held an I	nquiry 🗌	Inspection Auto	psy X o	nd that on th	is bosis, death in m	ny opinion	
resu	Ited from: Notural co	I COS V	Acciden Suicide			Undetermined monne		
1030	Treat from Treat Co.	7363 [A]	Soleton Soleton				o1	
ACTUA	1 1		11		MEDICAL EX		DA	ATE SIGNED
SIGNAT		ally!	rely M.D.	ASSISTANT	MEDICAL EX	KAMINER X	10	120166
EXAMIN	VER'S Charle	n C Do	MD	ASSOCIATE	MEDICAL E	XAMINER	10	)/22/66
NAME (			tty, M.D.	CDEAAATON	[02.F2 ·	OCATION (C)	Annua a	16.
REMOVAL (Specif		23	C. NAME of CEMETERY or	CREMATORY	23 D. L	OCATION (City,	town, or county.	(Stote)
Bur:		1966	Loudon Park Ce	meterv		Baltimore, M	farvland	
24A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR		RAL DIRECTOR		ADDRI	ESS
7		4	170	1	4	41 5	o tomarris?	70 1/4
7	PT 28 1966 (	18 Dec 15	E Jakums	tasi	Ox Hen	refal Home	COHSVII	lle, Md.
VS 151-REV. 1/1/	165	1	0 0 0					





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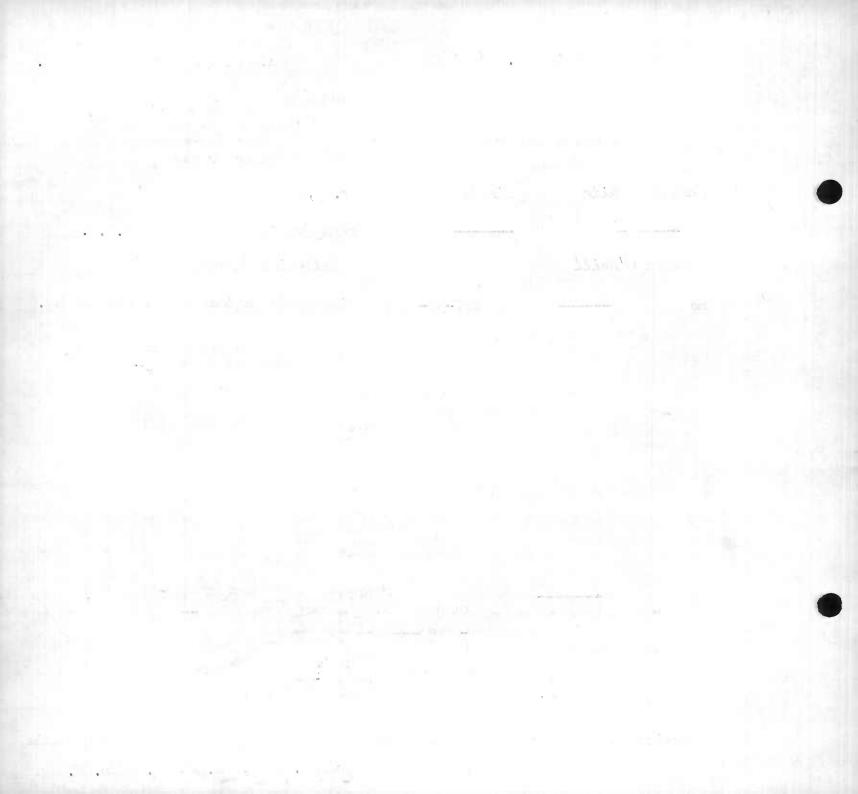
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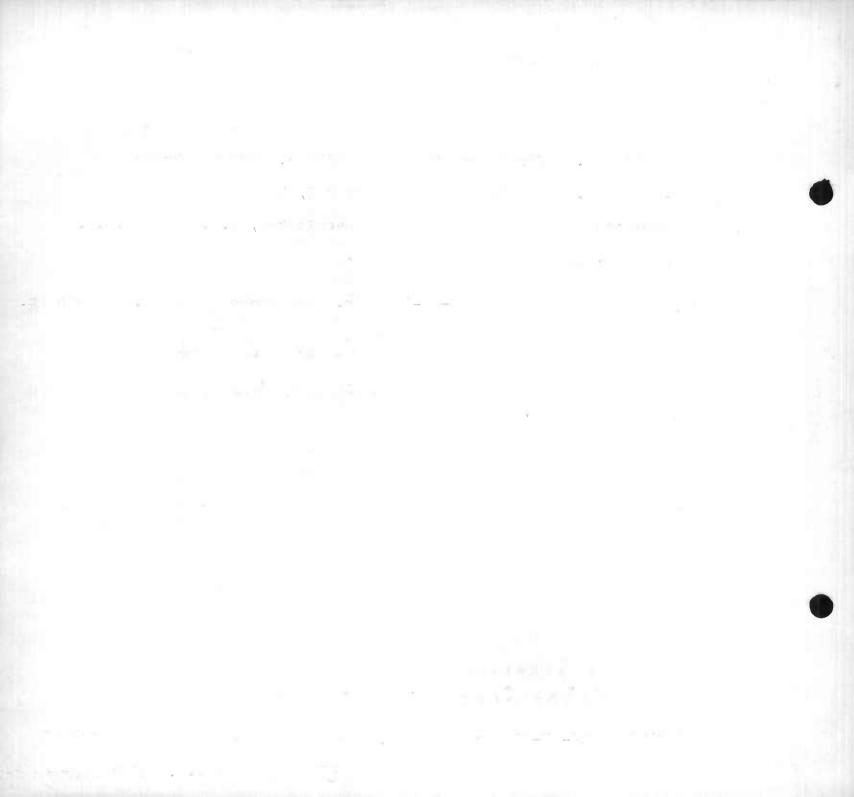
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00 10700			HEALTH DEPARTMENT		66 10729
MRTH NO. 66 10729 M.E. CASE NO. I. NAME OF DECEASED	)	CERTIFICA	TE OF DEATH	Registered No	
Type or Print) Katherine	M. O	'Noill		ber 25, 196	
PLACE OF DEATH IN BALTIMORE, MA	-	naca	4. USUAL RESIDENCE (Wh	ere deceased lived. If	institution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital address ar lacetic	on)		Baltimore D. STREET ADDRESS	utside city limits, write	RURAL ond give ((wnship)
	1		804 Dumbar		
Female White	Sin		Dec. 73, 1878	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
DA, USUAL OCCUPATION (Give kind of war ane during mast of working life, even if retired)	k 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
			Pennsylvania		U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
Peter O'Neill			Katherine	Mahoney	
. Was Deceased Ever in U. S. Armed Fo es, na or unknawn) (If yes, give wor or dat	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no		217-54-8454	Hildegarde 1	ncf Luce 804	Dumbarton Ave.
	dying, e.g., s the diseose, d death.)  ony, giving sloling the  CONTRIBUTIN ATED TO TH	(B) DUE TO (C)	eriosclerotic cular	ol 208. IF YES, WER	ONSET AND DEATH  10 yrs.  E FINDINGS CONSIDERED AUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet)	21 B horn etc.	ne, lorm, foctory, street, al	n ar about 21C. WHERE DID injury OCCUR?	(If in Boltime	ore City, give exoct location)
21 D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)		. INJURY OCCURRED tile At Not While At Work	21F. HOW DID IN	JURY OCCUR?	
22. I certify that (I) (this hospital that (I) (We) lost sow the decease and hour and from the couses stated 23A. SIGNATURE  23C.PHYSICIAN'S NAME (Type) Lloyd E	ed olive on	October 18,  1) (We) (did) (did-not) v  Laylon. Atte	19 60 ond to	Stoff Phys.	23B. DATE SIGNED 10/25/66
•					
Burial CREMATION, 248. DATE  Burial 10/27	1/66 Ho	AME OF CEMETERY OF CRI	. Di	riladelphia	City, town, or county) (State)  Pennsulvania
SA. DATE REC'D BY HEALTH DEPT.	258. NAME	of REGISTRAR	John A. Mona	n Inc 2000	ADDRESS

John A. Moran, Inc. 3000 E. Balto. St.



BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. 54-31376 M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD DWAYNE PINKNEY October 20, 1966 12:09 A 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If ruiol, give locotion) South Baltimore General Hospital 6003 Belgrove Road 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs. Manths, Days, Hours, Min. WIDOWED, DIVORCED(specify) Male Negro 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME DDRESS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? V6. SOCIAL (Yes, no as unknown), (If yes, give wor or dates of service) SECURITY NO. Mazie Pinkney 6003 Bellegrove Road INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH Peritonitis (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease, injury or complication which caused deoth.) ANTECENDENT CAUSES (B) Rupture of Appendix DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c) Acute Appendicitis. NOL Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFI DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes Yes 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact lacation) home, form, foctory, street, office bldg., INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY m. WHILE AT NOT WHILE (APPROX.) 22. certify that I held on Inquiry Inspection Autopsy X ond that on this bosis, death in my opinion Homicide resulted from: Notural causes X Aceident Sulcide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE. 10/20/66 ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) Charles S. Petty, M.D. 23A. BURIAL CREMATION, 23B, DATE 23C. NAME of CEMETERY OF CREMATORY 23D. LOCATION (City, town, or county) (State) REMOVAL (Specify) 66 Mount Auburn Baltimore City. Burial 10-21-66 24C. FUNERAL DIRECTOR ADDRESS

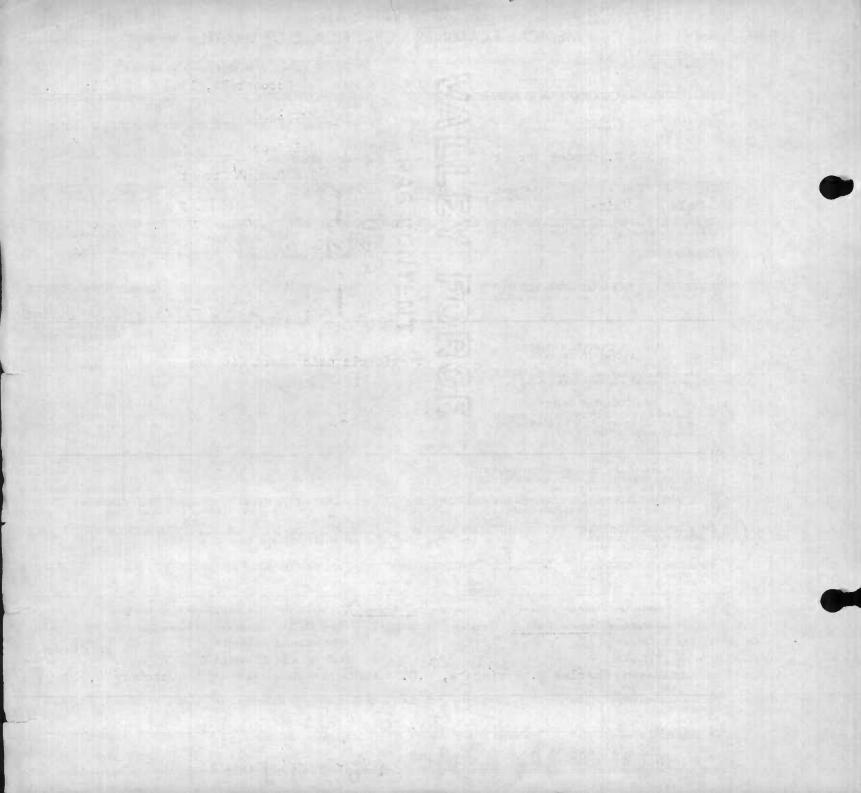
VS 151-REV, 1/1/65

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Isaiah L. Brown and Son 10 8 W. Montgomery Street Halvimore Ciny. minusua franca no-18-01 Terral Control of Street

	66	10732	BALTIMORE CITY H	EALTH DEPARTMENT		
RTH NO.		MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Re

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M.E.	CASE NO.				TERMINET						
	AME OF DEC	EASED				2. DATE AND HOUR PRONOUNCED DEAD					
			HERBE		JOHNSON	3913	Octob	er 24, 1966	11	:05 A. M.	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION						4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE  Maryland					
						C. CITY OR TOWN (If outside corporate limits, wine RURA'S and give township)					
A A STATE OF THE S						В	Baltimore				
0 328 W. Camdem Street							D. STREET ADDRESS (If rurol, give locotion)				
							328 Camdet Street   B. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr, If Under 24 Hrs.				
	Male	White		WIDO WED, I	NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRT		9. AGE (In years lost birthday)	Months Doys	Hours Min.	
		JPATION (Give vorking life, ever		OE KIND OF	BUSINESS OR INDUSTI	Tochellaville n. (6) 12. CITIZEN OF WHAT COUNTRY?					
13. F	ATHER'S NAN	E			MIT IS A	14. MOTHER'S MAIDEN NAME					
						V				- 1	
		O EVER IN U.			16. SOCIAL SECURITY NO.	Time of	unt-	on Month O	ADDRESS POLICE	Merch	
1	B. 4 2	0.0			CAUS	E OF DEATH	A. W. C. A.			VAL BETWEEN	
		SE OR COND	ITION DIR	ECTLY					ONSE	T AND DEATH	
		LEADING T	O DEATH		(Al Arter	ioscleroti	c heart	disease			
	heort foilure,	not mean the osthenio, etc. mplication whic	It meons	the disease,	DUE TO						
	injury or cor	inpiredition while	in coused of	zom.,							
		NTECENDEN			(BI						
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE										
7	UNDERLYING CONDITION LAST.										
Ó-											
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING										
Ë	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.										
O	9A. DATE OF	OPERATION	19B. COND WAS PERFO		WHICH OPERATION	20A. AUTOPSY Yes	? (Yes or No!	208. IF YES, WERE FILL IN CERTIFYING CAUSE		ERED	
OI	IA. EXTERNA	OR CONTRIB	· Š	21 B. home	PLACE OF INJURY (e.g., form, foctory, street,	, in or obout 21C. \ office bldg., INJUR	WHERE DID	(If in Boltimore City, gi	ve exact location!		
0	JING CAUSE OF DEATH.										
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?											
	APPROX.I WHILE AT NOT WHILE AT WORK										
	22.  I certify that I held an Inquiry Inspection Autopsy X and that an this basis, death in my apinion										
	resulted fram: Natural causes X Accident Suicide Hamloide Undetermined manner										
		1	00.	0	n.	CHIEF M	CHIEF MEDICAL EXAMINER DATE SIGNED				
SIGNATURE Charles J. Lagar M.D. ASSISTANT MEDICAL EXAMINER X									I L SIGNED		
	EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER October 24, 1966 NAME (Type)										
	BURIAL CRE		& DATE	23	C. NAME OF CEMETERY	er CREMATORY	23D. L	OCATION (City,	, town, or countyl	(Stote)	
La Tauelle Pork Tametro - Of M. C.											
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS											
	OP	T 26 19	966 A	0 00	Fr. Owns	0.0	90	0	D Do	- mal	
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(), ()	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.								
W-67.	M.E. CASE NO.  1. NAME OF DECEASED (Type or Pinn)	2. DATE AND HOUR PRONOUNCED DEAD							
	WAVERLY WARREN  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	October 23, 1966   12:32 P.M.   4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) B. COUNTY							
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RUBAL and give township)							
	INSTITUTION	Baltimore  D. STREET ADDRESS (If rurol, give locotion)							
	University Hospital	675 Sarahann Street							
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Male Negro	8. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.  18							
	10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if refired)	1/06/00///0							
	13. FATHERS NAME	14. MOTHER'S MAIDEN NAME,							
	15. WAS DECEASED EVER'IN U.S. ARMED FORCES? 116, SOCIAL	FOND WIZ / 20							
	(Yes, no or unknown) (If yes, give war or dates of service)  SECURITY NO.	Richard Warnen 931 W/ Favette St							
		OF DEATH INTERVAL BETWEEN ONSET AND DEATH							
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying e.g., heart failure, astheria, etc. It means the disease,	shot wound of head							
	heart failure, asthenia, etc. If means the disease, injury ar complication which caused death.								
	ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO  RISE TO THE ABOVE CAUSE (A) STATING THE								
	UNDERLYING CONDITION LAST.								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED							
	WAS PERFORMED	Yes IN CERTEYING CAUSES OF DEATH?							
	21A, EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., NJURY OCCUR?  Lexington and Green Streets							
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?							
	22	Shot by police  topsy X and that an this basis, death in my opinion							
	resulted fram: Natural causes Accident Suicid								
	ACTUAL Charle S. S. S. M.D.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER							
	EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER October 24, 1966							
	23A. BURIAL CREMATION, 238. DATE 23C. NAME OF CEMETERY	or CREMATORY 23D. LOCATION (City, town, of county) (Stote)							
	24A. DATE REOD BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS 2 10,							
	1 2000 00 00 0 0 Tall 48	William Fundal House Mitthing							

BIRT	S 25 66 10735		TE OF DEATH	Registered Na	66 10735
1. NA (Type	CASE NO.  AME OF DECEASED  OF Print!  OF BUS ON  LACE OF DEATH IN BALTIMORE, MARYLAND	Annie mo	re Oct	D HOUR OF DEATH 24, 196 G	9 25 AM M.
FI	ULL NAME OF (If not in hospital or institution Baltimore City H.  4940 Eastern Ave:  Baltimore, Maryla:	ospitals nue	A. STATE B. COUN  M. CELLONIC  C. CITY OR TOWN (If out  Bollimor	side city limits, write R	more City
5. SE	E WLD	RIED, NEVER MARRIED OWED, DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done	USUAL OCCUPATION (Give kind of work 108, KIN during most of working lite, even if retired)		11. BIRTHPLACE (State or fore)	on country!	12. CITIZEN OF WHAT COUNTRY?
	DENNIS VOR Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	14. MOTHER'S MAIDEN NAM	mith	ADDRESS
(Yes,	,no or unknown) (If yes, give wor or dates of serv	security No.	Records: BCH-494	O Eastern A	
	18. /G/X 1	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(Re	cement) Ca	Cenonia	13 years.
	Injury or complication which coused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, grise to the above cause (A) stating UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO	the (C)		F	-
RTIFICA	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED		20 A. AUTOPSY? (Yes of No	208. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
C	2) A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
A A	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY  APPROX.)	21 E. INJURY OCCURRED  While At Not While Work  Not Work	21 F. HOW DID INJ	URY OCCUR?	
	22. I certify that (1) (this haspital) attend that (1) (we) last saw the deceased alive and haur and fram the causes stated aba	on 16/34	19 66 and th		24 1966 nian death accurred an the late
11 1	23A. SIGNATURE	(1) (110) (111)	Tow the body after death.		23B, DATE SIGNED
	J. E. Wennberg	Phy	Med. Director  23 D. ADDRESS	Stoff Phys.	6424,1963
	J.E. Wennberg	M.D.	4940 Eastern Ave	enue, Baltimo	re, Maryland 21224
1	MINA (Specify)	AC. NAME OF CEMETERY OF CRE  TO THE CONTRACT  TO THE CONT	MATORY 24D. LI	lo This	ADDRESS ADDRESS
VS 1	150-PEV 1/1/65	7 7 0 0	TUNGALURI (VO JAME)	and Alauna	111 MILLIAN NY

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

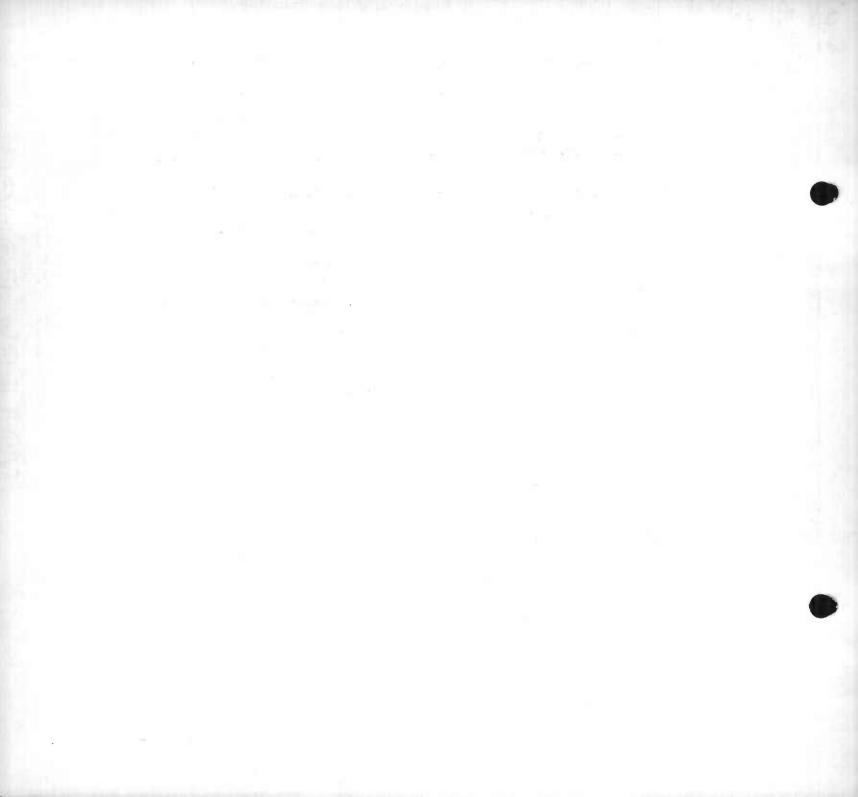
Registered No.

66 10736

BIRTH NO.

M.E. CASE NO.

VS 150-REV, 1/1/65



BALTIMORE

66 10737

IMPORTAN **DIRECTOR:** FUNERAL

VS 150-REV. 1/1/65

CITY HEALTH DEPARTME	ENT	1.13 1 117012
CATE OF DEA	TH Registered No.	66 10737
	Oct. 25, 1966	1/230P M.
	E (Where decoased lived, II inst	titution: residence before admission)
Maryland		
	(If outside city limits) write RU	JRAU and give township)
Baltimor		
D. STREET ADDRESS		
3223 Wes	st Garrison Avenu	18
B. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min.
1-13-0	/ 37	
STRY 11. BIRTHPLACE (Stote		12. CITIZEN OF WHAT COUNTRY?
Maryla	nd	
14. MOTHER'S MAID	EN NAME	
Grace	Hubbard	
17. INFORMANT		ADDRESS
Mr. Ben Par	ckhurst 3900 No	orth Charles St
SE OF DEATH /	.Kna130 J/00 Me	INTERVAL BETWEEN
7		ONSET AND DEATH
MUELO-D	neumonia	5 deus
J. J. J.	70,007,007	
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UC INTIMA	All Markinsh	her
20A. AUTOPSY? (Ye	S OL NO 20B. IF YES WERE FIL	NDINGS CONSIDERED
	IN CERTIFYING CAU	SES OF DEATH?
e.g., in or obout 21 C. WHERE	DID (If in Bottimore	City, give exact location)
et, office bldg., INJURY OC	EU R?	
215 HOW 5	DID INJURY OCCUR?	
While -	ND INJOK! OCCOK:	
Work		7 / //
1900	19 to	1960.
4 19 66	and that in (my) (our) apini	ian death accurred an the date
ot) view the bady after a		
		23B, DATE SIGNED
Attending Med. Phys. Directo	Stoff Phys.	10-26-66
23D. ADDRESS	rnys.	14
MD STORE K	NOUS AVEN	1115 721210
M.D. 3 006 /)	24D. LOCATION (City	, town, or county) (Stote)
Cemetery	Pikesville, Md	
	RECTOR MU	//ADDRESS
7 20 km 107 1	60 112 1	Sulto, mil.
1 1 1 1 10	grand hors h	with the



66 10738

Registered Na.. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min, Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS 3230 Rolling Road INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in (my) ( application death accurred an the date 23B. DATE SIGNED 25-66 Baltimore, Maryland 258. NAME OF REGISTRAB. 25A. DATE REPUBLIC HEALTH 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

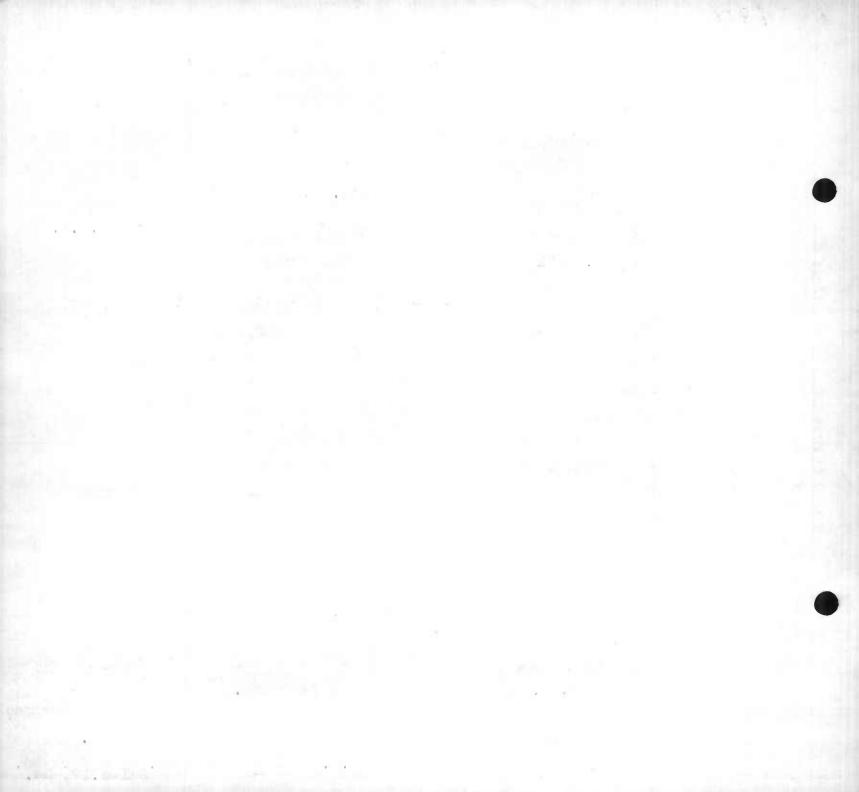
BALTIMORE CITY HEALTH DEPARTMENT

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IMPORTANT

BIRTH NO. 66 107			66
ME CASE NO	CERTIFIC	CATE OF DEATH Registered	No. 66 10739
THE CASE ITO.	CERTIFIC		
	n Howard Hall	October 23,	1966 6 P
. PLACE OF DEATH IN BALTIMORE,	MARYLAND	4. USUAL RESIDENCE (Where deceased lived.	If institution; residence before admission
FULL NAME OF (If not in hos	pital or institution, give streel	Maryland	
HOSPITAL OR oddress or lo		C. CITY OR TOWN (If outside city limits, w	rite RURAL and give township)
1 /		Baltimore	
44 Union Memo:	rial Hospital	D. STREET ADDRESS (If rural, give location	)
		301 Oakdale Road	
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. It Under 24 Hrs Months: Doys Hours Min.
FW	Never Married	Oct.12, 1889 77	
	work 108, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if reti		Marri and	U.S.A.
None	None	Maryland	U.D.A.
	2.7		
Charles W. Ha		Ellen Brown	
5. Was Deceased Ever in U, S. Armer (es,no or unknown) (If yes, give war ar	d Forces? r dotes of service) 16. SOCIAL SECURITY NO.	17, INFORMANT	ADDRESS
No	220-44-60	77 Miss Mary Platt Hall	(Same)
18. 11. 2011	CAUS	E OF DEATH	INTERVAL BETWEEN ONSET AMO DEATH
underlying Condition loss	1.		
TO THE DEATH BUT NOT			
TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE	RELATED TO THE		
	RELATED TO THE	20 A. AUTOPSY2 (Yes of No) 20 B. IF YES, WIN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
19A. DATE OF OPERATION 19B. WAS	RELATED TO THE ING IT.  CONDITION FOR WHICH OPERATION SPERFORMED  21 B. PLACE OF INJURY (c.	go, in or about 21 C. WHERE DID (If in Ball	ERE FINDINGS CONSIDERED CAUSES OF DEATH? imore City, give exact locotion)
19A. DATE OF OPERATION 19B. WAS  21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (nohity medical examiner)	RELATED TO THE ING IT.  CONDITION FOR WHICH OPERATION SPERFORMED  21 B. PLACE OF INJURY (c.	The	
19A. DATE OF OPERATION 19B. WAS  21A. ACCIDENT WAS UNDERLYING CAUSE OF OPERATION OR CONTRIBUTING CAUSE OF OPERATION CAUSE OF OPERATION (notify medical examiner)	RELATED TO THE NG IT.  CONDITION FOR WHICH OPERATION FOR PERFORMED  218. PLACE OF INJURY (e. home, lorm, loctory, stree etc.)	go, in or about 21 C. WHERE DID (If in Ball	
19A. DATE OF OPERATION 19B. WAS  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21D. TIME (Month) (Doy) (1)	RELATED TO THE ING IT.  CONDITION FOR WHICH OPERATION  PERFORMED  21B. PLACE OF INJURY (e. home, form, loctory, stree etc.)  Yeor) (Hour) 21E. INJURY OCCURRED  While At Not Not 1	.g., in or obout 21 C. WHERE DID (If in Boli office bidg., INJURY OCCUR?	
19A. DATE OF OPERATION 19B. WAS  21A. ACCIDENT WAS UNDERLYING CAUSE OF OPERATION OF CONTRIBUTING CAUSE OF DEATH (notify medical examine)	RELATED TO THE ING IT.  CONDITION FOR WHICH OPERATION FOR PERFORMED  218. PLACE OF INJURY (e. hame, larm, loctory, stree etc.)  Yeor) (Hour) 21E. INJURY OCCURRED	.g., in or obout 21C. WHERE DID (If in Boll office bldg., INJURY OCCUR?	imore City, give exoct locotion)
19A. DATE OF OPERATION 19B. WAS  21A. ACCIDENT WAS UNDERLYING CAUSE OF OPERATION CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (NOTING CAUSE)	RELATED TO THE ING IT.  CONDITION FOR WHICH OPERATION  PERFORMED  21B. PLACE OF INJURY (e. home, form, loctory, stree etc.)  Yeor) (Hour) 21E. INJURY OCCURRED  While At Not Not 1	.g., in or obout 21 C. WHERE DID (If in Boli office bidg., INJURY OCCUR?	
19A. DATE OF OPERATION 19B. WAS  21A. ACCIDENT WAS UNDERLYING CAUSE OF OPERATION CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (NOTING CAUSE)	RELATED TO THE NG IT.  CONDITION FOR WHICH OPERATION PERFORMED  21B. PLACE OF INJURY (e. home, torm, toctory, stree etc.)  Yeor) (Hour) 21E. INJURY OCCURRED While At Not Work At W	g., in or obout 21C. WHERE DID (If in Boli t, office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  While   19/1451a   19/1451a	imore City, give exact location)
19A. DATE OF OPERATION 19B. WAS  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (NOTING CAUSE)  21D. TIME (Month) (Doy) (NOTING CAUSE)  22. I certify that (I) (thicker) that (I) (we) last saw the dec	RELATED TO THE NG IT.  CONDITION FOR WHICH OPERATION PERFORMED  21B. PLACE OF INJURY (e. home, torm, toctory, stree etc.)  Yeor) (Hour) 21E. INJURY OCCURRED While At Not Work At W	g., in or obout 21 C. WHERE DID (If in Boli t, office bldg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  While 19/45ta 19/45ta and that in (my) (ww)	imore City, give exact location)
19A. DATE OF OPERATION 19B. WAS  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (NOTING CAUSE)  21D. TIME (Month) (Doy) (NOTING CAUSE)  22. I certify that (I) (thicker) that (I) (we) last saw the dec	RELATED TO THE ING IT.  CONDITION FOR WHICH OPERATION  PERFORMED  21B. PLACE OF INJURY (e. home, torm, toctory, stree etc.)  Yeor) (Hour) 21E. INJURY OCCURRED While At Not York At Work At Weekens and the deceased from accessed alive an At Weekens and the deceased from At Weekens and Ive an At Weekens and Ive and Ive an At Weekens and Ive and	g., in or obout 21 C. WHERE DID (If in Boli t, office bldg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  While 19/45ta 19/45ta and that in (my) (ww)	imore City, give exact location)
19A. DATE OF OPERATION 19B. WAS  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Notice of INJURY (APPROX.)  22. I certify that (I) (thicked that (I) (we) last saw the decond hour and fram the couses	RELATED TO THE ING IT.  CONDITION FOR WHICH OPERATION  PERFORMED  21B. PLACE OF INJURY (e. home, torm, toctory, stree etc.)  Yeor) (Hour) 21E. INJURY OCCURRED While At Not York At Work At Weekens and the deceased from accessed alive an At Weekens and the deceased from At Weekens and Ive an At Weekens and Ive and Ive an At Weekens and Ive and	g., in or obout 21 C. WHERE DID (If in Boli t, office bldg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  While 19/45ta 19/45ta and that in (my) (ww)	oplnian deoth occurred an the do
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19A. DATE OF OPERATION 19B. WAS  21A. ACCIDENT WAS UNDERLYIF OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (1)  21D. TIME (Month) (Doy) (1)  22. I certify that (I) (thicked) that (I) (we) last saw the decond hour and fram the couses  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  We  24A. BURIAL CREMATION, 24B. DAT REMOVAL (Specify)	RELATED TO THE ING IT.  CONDITION FOR WHICH OPERATION PERFORMED  NG 218. PLACE OF INJURY (e. home, form, foctory, stree etc.)  Year) (Hour) 21E. INJURY OCCURRED While At Not Work At W.  Leased alive an	ge, in or obout 21C. WHERE DID (If in Bolt to office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  While 19/45ta 19/45ta and that in (my) (my) view the body ofter death.  Attending 19/145ta Staff Phys. 123D. ADDRESS 1403 Park Ave me CREMATORY 24D. LOCATION	opinian deoth occurred an the do  238. DATE SIGNED  10. 24-66.  USUL Trades historic Signer of Curtified  (City, town, or county)



hospital 0 occurred death or his assistant if shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any the chief medical examiner approved by must be certificate

VS 150-REV.

IMPORTANT

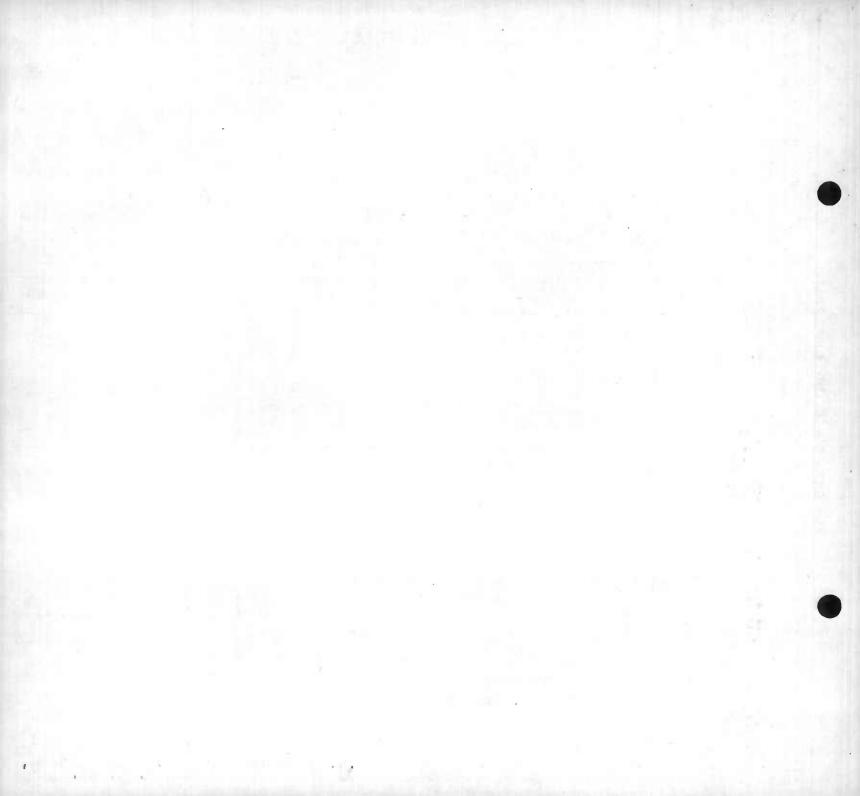
FUNERAL DIRECTOR:

BIRTH NO.

	out long or	
1d. GENERAL HOSPITAL	D. STREET ADDRESS (If rurol, give location)	)
10. GENERAL HOSPITAL	602 Thigh would t	4 -
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH , 9. AGE (In cors lost birthdo)	If Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.
CCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	BIRTHPLACE (State or foreign country	12. CITIZEN OF
st of working life, even if retired) RAD FORD SANDE	Ill inois	WHAT COUNTRY?
NAME	14. MOTHER'S MAIDEN NAME	
rew O. Weller	Julia Blondel	
osed Ever in U. S. Armed Forces? nown)(If yes, give wor or dotes of service)  WW T  16. SOCIAL SECURITY NO.  215-05-859		LICE H. WELLET
3/XI CAUSE O	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
SEASE OR CONDITION DIRECTLY LEADING TO DEATH	ebsiella pheumonia	7 days
es nat meon the mode at dying, e.g., lure, osthenia, etc. It means the disease, camplication which caused death.)	ebre-rascular acciden	+ ip days
ANTECEDENT CAUSES  (B)  DUE TO		, occups
S OR CONDITIONS, if ony, giving the abave couse (A) stating the (C) YING CONDITION last.		
11		<del>                                     </del>
SIGNIFICANT CONDITIONS CONTRIBUTING E DEATH BUT NOT RELATED TO THE OR CONDITION CAUSING IT.	1	
E OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?
CIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., home, form, foctory, street, condity medical examiner)	in or obout 21C. WHERE DID (If in Boltimore C) (If in Boltimore C) (INJURY OCCUR?	ity, give exoct location)
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tify that (1) (this hospital) attended the deceased fram	0 ctober 15 19 66 to Oct	0 ber 25 1966.
(we) last saw the deceased alive an UC70 b	19 and that in (my) (aur) apinio	an death occurred an the date
r and from the causes stated above. (I) (We) (did) (dld not)		
ofther 4. Upris, M.D. AH	ending Med. Stoff	10/2-5/66
Arthur M. Morris M.D.	23D. ADDRESS	A Hospital
CREMATION, 248. DATE 24C. NAME of CEMETERY or CR	EMATORY 240. LOCATION (City,	town, or county) IState)
al 10/28/1966 New Cathedr		Maryland
OCT 26 1966 P 02 8- C COMMAN	H.W. Jenkins & Sons Co. Balto	4905 York Rd.
1/1/65		

BALTIMORE CITY HEALTH DEPARTMENT

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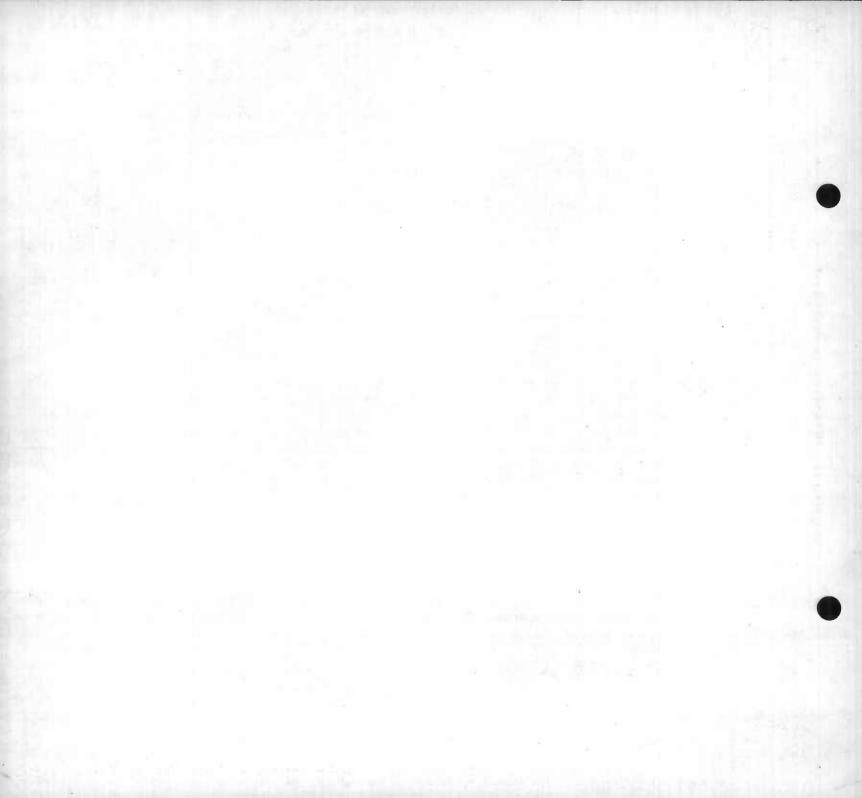


IMPORTANT

	00 10/4	1	BALTIMORE CITY	HEALTH DEPARTM	MENT	1.73 4 (110) 2 1		
BIRTH NO.			CERTIFICA	TE OF DEA	TH Registered Na.	66 10741		
M.E. CASE NO.	CEASED			2, 0	TATE AND HOUR OF DEATH	1		
Type or Print)	Sarah H	Ruhl			Oct. 24, 196	6 11P.		
B. PLACE OF DE	ATH IN BALTIMORE MA			4. USUAL RESIDEN	CE (Where demensed lived, If	institution delidence before admission		
				A. STATE	B. COUNTY	institutions desidence before odmissio		
FULL NAME (	OF (If not in hospital	or institution.	give street	Maryland		12		
HOSPITAL OR	oddress or location			C. CITY OR TOWN		RURAL and give township)		
IN STITUTION				Politimor	(3.0.)			
Clx	0 7 7 0	9	I- TT	Baltimor				
70	Gould Conv	alesc	ent home		Lemore Road			
, SEX	6. RACE		D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months: Days Hours Min.		
F	W		owed	1/2/1881				
OA. USUAL OCC	UPATION (Give kind of work	108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stol		12. CITIZEN OF		
	working life, even if retired)					WHAT COUNTRY?		
Housev		Own	Home	Baltimor	re, Md.	U.S.A.		
3. FATHER'S NA	ME			14. MOTHER'S MAIL	DEN NAME			
Edmund	J. Little			Mary Har	ma Henthorn			
			11 / 20 01 41			A.D.D.C.C.C.		
es, no or unknow	d Ever in U. S. Armed Form n) (If yes, give wor or dote	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
No			220-44-155	George F	R. Ruhl. Jr.	119 Bellemore R		
18. 3 3	11 1		CAUSE O			INTERVAL BETWEEN		
	4		C/1002 0	A (	0 1 - 0	ONSET AND DEATH		
DISEA	SE OR CONDITION DIR	ECILY	(	and ad	(On town alphan	2		
(This does	not mean the mode of	duing on	(A) DUE TO	rac ax	W/WWW	rcc)		
	, osthenio, etc. It meons				11:00	1		
	mplication which coused		tormin	- Char	O.t. Olong	3 days		
	ANTECEDENT CAUSES		(B)	100000	yu secur			
DISEASES	DISFASES OR CONDITIONS if any giving				* .	9.		
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the (C)			Malnu	lution			
	UNDERLYING CONDITION Iosi.			········				
	11							
OTHER SIGN	HELEANT CONDITIONS C	ONTRIBUTIN	G					
E TO THE	DEATH BUT NOT RELA	TED TO TH						
U TOA DATE O			WHICH OPERATION	20 A. AUTOPSY? (Y	es or No. 208. IF YES WERE	FINDINGS CONSIDERED		
ERTIFI	WAS PERI	FORMED	THE STATE OF THE S	40	es or No) 208. IF YES, WERE IN CERTIFYING CA	AUSES OF DEATH?		
21A. ACCIDI	TATA WAS UNDERLAINED	1016	D DI A GE GE INIVINI	1 1215 11115				
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF	hor	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of	fice bldg., INJURY OC	E DID (II in Bollimo	re City, give exoct locotion)		
DEATH (notil	y medical exominer	etc	.)					
0 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?			
OF INJURY			hile At Not Whil					
(APPROX.)			ork At Work	Anh	1 11 0	-1		
22. L certify	that (1) (this haspital	) ottended	the deceased from	Mar	ch 10 60 10	724 1066		
			100000	66				
that (I) (we	last saw the decease	d olive an.	O A T	19.26	ond that in(my) <del>(our)</del> op	Inian death accurred an the d		
and haur an	and have and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.							
23A SIGNAT	GRE _ ^	0=				23B, DATE SIGNED /4		
Xa	L' ZIK	Vien		ending Med.	Stoff	0.4.3566		
	and I		Phy		Phys.	120,00		
NAME (		F. Kl		2623 E.	Monument St.			
4A. BURIAL CRI		24C. N	AME of CEMETERY OF CRE	MATORY	24D. LOCATION (C	City, town, or county) (State)		
	- 10-1-	1044	Daniel Die-		D4100 00-477	Polite C. Ma		
Buria.			Druid Ridge	DEC Ellaire 4: -	Pikesville,	Balto Co. Md		
5A. DATE RECT	CT 9 R TORR A	25B. NAME	OF REGISTRAR	H. W. Jenki		ADDRESS		
0	A 1900 (	A CIEUS	C, Valley Mill	TI M COLIKI	his & Sons Co	4905 York Rd.		
/S 150-REV. 1/1/	/65					CALLY SALES HILLS		



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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT 66 10744 of death of death Deceased te on the ath. Such CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) ANNA S. CRESWELL 22 October 1966 death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY Baltimore Md. FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Dundalk D. STREET ADDRESS (If rurol, give location) Baltimorec City Hospitals 2557 Liberty Parkway 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 24 Hrs. If Under 1 Yr. WIDOWED, DIVORCED (specify) Months Doys lost birthday Hours Female White Widowed 2 August 1888 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? housewife Maryland U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Krechler Margaret Schutte 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL 222 (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mrs. L.M. Hartman, 2557 Liberty Parkway no CAUSE OF DEATH 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. Il means the disease, injury or complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, to the obove couse (A) stoting the UNDERLYING CONDITION lost OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Ü 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, affice bldg., INJURY OCCUR? DEATH (notily medical examiner) MEDI 21 F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this haspital) attended the deceased from 2-6 19 66 that (1) (we) lost saw the deceased alive an... and that in(my) apinian death accurred an the date and haur and fram the causes stated abave. (!) (William) (dld nat) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending M.D. Med. Stalf Phys. Director Phy s. PHYSICIAN'S 23D. ADDRESS NAME (Type B. W. Sollod 2900 Dunran Rd. 21222 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) REMOVAL (Specify) Union Chapel Cemetery 10-25-66 Harford County. Md. 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 2SC. FUNERAL DIRECTOR Allrich Fareral Home, Dundalk, Md.



66 10745

BIRTH NO.

eath

IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.\_

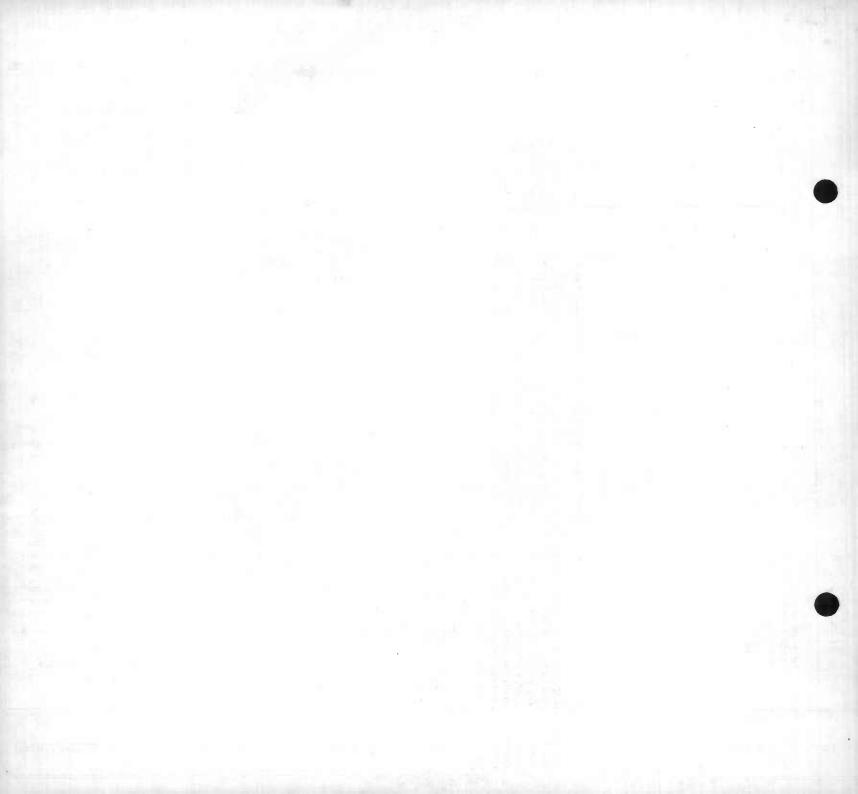
If Under 24 Hrs.

Hours

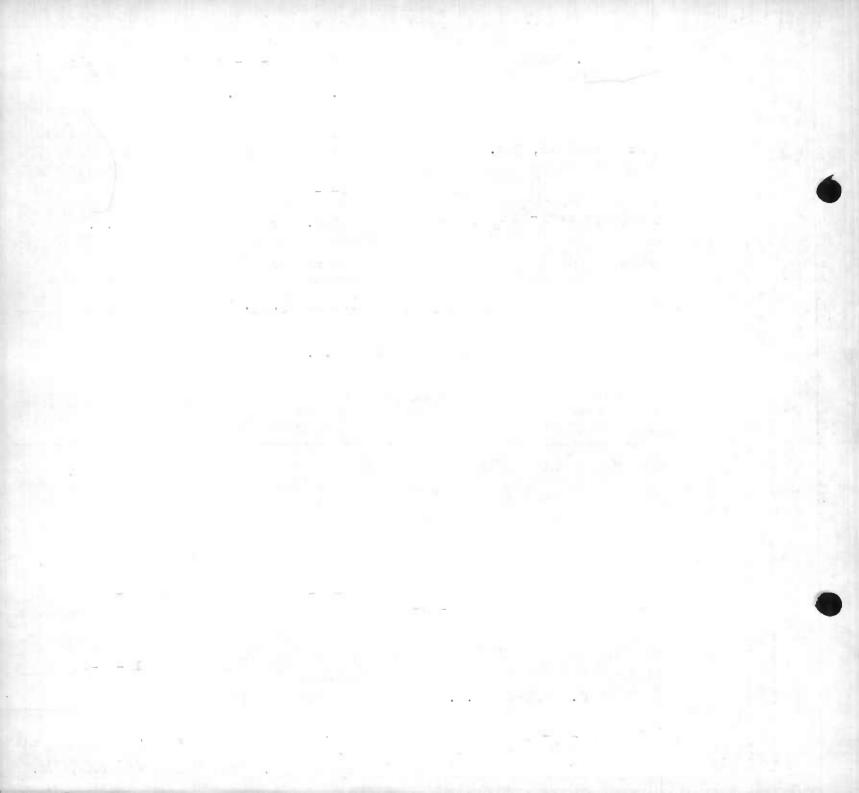
ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH



	66 1074	17	BALTIMORE CITY	HEALTH DEPARTM	ENT	66 10747			
BIRTH NO.		E /	CERTIFICA	TE OF DEA	TH Registered No	0			
I. NAME OF D				2. D	ATE AND HOUR OF DEAT	Н			
(Type or Print)	Alfred E. Wel	ch			10-25-66	11:25 p N			
	DEATH IN BALTIMORE, MA			4. USUAL RESIDENCE A. STATE B. Md.	CE (Where deceased lived to COUNTY Balto.	institution residency before admission)			
HOSPITAL O	R address ar lacation		give street	c. CITY OR TOWN Baltime		e RURAL and give tawnship)			
37 M	ercy Hospital	, Inc.			(If rural, give la cotion) thwick Court	21218			
. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.			
M	W	WIDOWEI	Married (specify)	6-4-06	last birthday 60	Months Doys Hours Min.			
	CUPATION (Give kind of work of working life, even if refired) INVESTIGATOR			Balto. Ma		12. CITIZEN OF WHAT COUNTRY?			
3. FATHER'S N	AME			14. MOTHER'S MAID	EN NAME				
	Elias WELCH			Mary Co	ordelia TICE				
5. Was Deceos Yes, no or unkna	ed Ever in U. S. Armed Formun) (If yes, give war ar dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
1101			216050078	Dorothy	E. C. Welch	same			
18.4	20,11		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH			
DISE	ASE OR CONDITION DIR	ECTLY	(A) Acute M.I.						
	not meen the mode of			ute M.I.		9 days			
	heart failure, asthenia, etc. It means the disease, injury ar complication which coused death.)								
	ANTECEDENT CAUSES		DUE TD						
rise la	OR CONDITIONS, if the abave cause (A) NG CONDITION lost.		(C)						
E TO THE	II SNIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING I	TED TO TH	G						
	OF OPERATION 198. CON	DITION FOR	WHICH OPERATION	YES	os or Nol 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?			
OR CONTR	DENT WAS UNDERLYING [BUTING CAUSE OF tify medical examiner)	218 han etc.	PLACE OF INJURY(e.g., in ne, lorm, factory, street, al	n ar about 21 C. WHERE flice bldg., INJURY OC	DID (If in Baltin	nare City, give exact lacation)			
21 D. TIME OF INJURY (APPROX.)	OF INJURY								
22. I certi	fy, that (1) (this haspitol	) attended t	he deceased from	10-16-66	19to	10-25-66 19			
	e) lost saw the decease		10-25-66	19		pinion death occurred on the dat			
ond hour	and from the causes stat	ed abave. (	l) (We) (did) (did nat) v	lew the body after	deoth.				
23A. SIGNA	TORE	14-111	Q1 (1)		6. "	23 B. DATE SIGNED			
0	Celucus 11	Jul in	M.D. Alle	s. Med. Directo	Staff Phys.	10-26-66			
23 C. PHYSIC	(Type)	TTMANN		23D. ADDRESS MERCY	HOSPITAL				
24A. BURIAL C	REMATION, 24B. DATE		AME of CEMETERY of CRI		24D. LOCATION	(City, tawn, ar county) (State)			
buri	1 1000	66 Wa	odlawn Ceme	teru	Baltimore,	Md.			
25A. DATE REC	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DI		ADDRESS			
	OFT OR TORS	1292	or S. Fellowna	- Laonard	Ja Ruck Inc	Baltimore, Md.			
VS 150-REV. 1/	1/65 01 6				· · · · · · · · · · · · · · · · · · ·				



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hospital

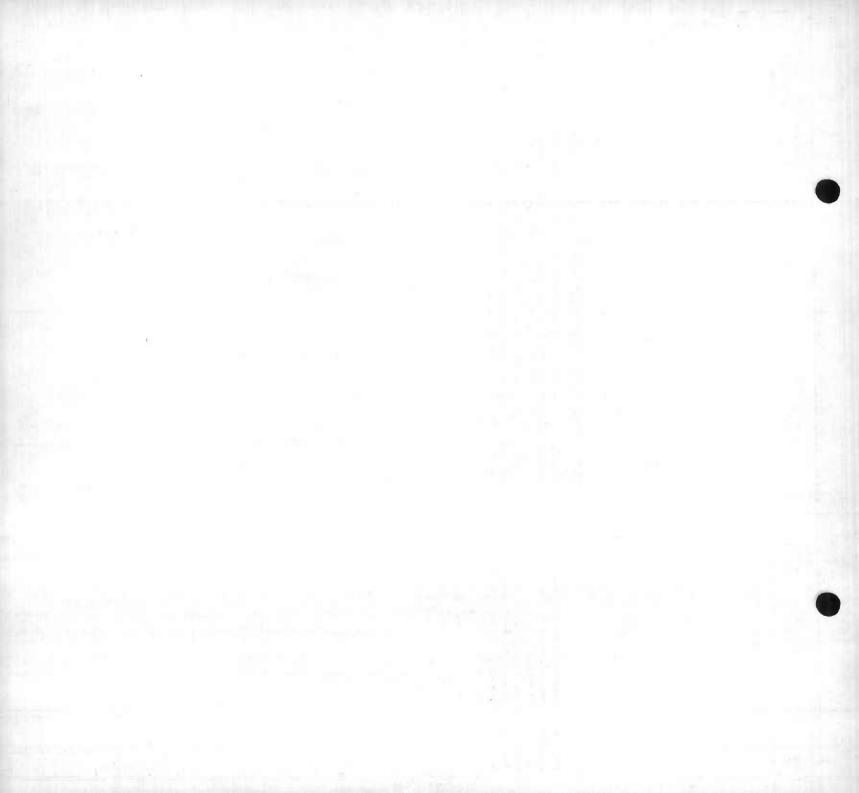
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death.

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BALTIMORE CITY HEALTH DEPARTMENT 66 10746 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 22 October 1966 ROBERT LEE THOMPSON 3. PLACE OF DEATH IN BALTIMORE, MARYLAND B. CDUNT A. STATE Md. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore City
D. STREET ADDRESS (If it 3533 Elmley Ave. (If jural, give location) 3533 Elmley Ave. made. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED\_(specify) Months Doys Male 80 Whi te never married 19 Sept. 1886 isposition is IDA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Dept. store Maryland wrapper U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Thompson Louise Mason 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. vess Mrs. Ruth Sebeck, 3533 Elmley Ave. 12106 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the mode of dying, e.g., balr hearl failure, asthenio, etc. It means the disease, injury or camplication which caused death.) me 30 years ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the remains UNDERLYING CONDITION IOSI. П CERTIFICATION DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. the 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in a obout 21C. WHERE DID home, faim, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examines) MEDI obtained 21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased fram... that (1) (we) last sow the deceased alive on Septimber 1966 .... and that in(my) (our) apinion death occurred on the date ond hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death. must 23A, SIGNATURE 23B. DATE SIGNED Paul H. Aumson Attending 10/24/66 Med. Stoff approval Phys. 23 C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) Paul H. Anniko 3800 Erdman Ave. 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) written Baltimore, Md. Milrich Funeral Home, Baltimore, Md.



BALTIMORE CITY HEALTH DEPARTMENT

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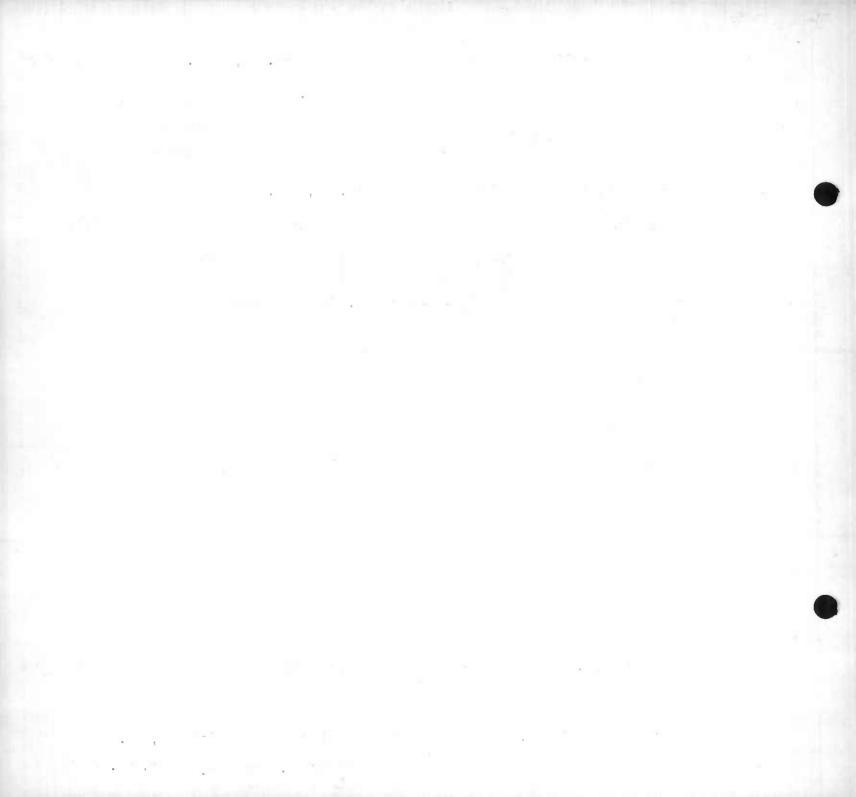
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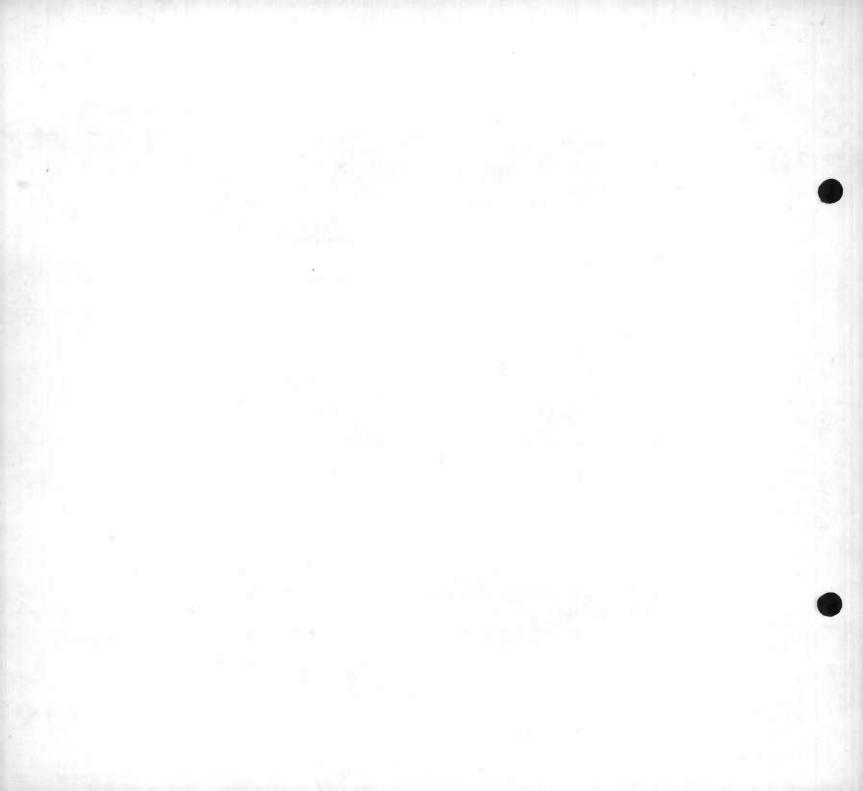
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Jan. 24, 1897.  Jan. 24, 1897.  STRY 11. BIRTHPLACE (Stole or foreign country)  Italy  14. MOTHER'S MAIDEN NAME  Louise  17. INFORMANT  OM. Frank Bertazon  SE OF DEATH  Character Heart Dielese  Amtral Steassia & Insufficiency and atmal Fibrillation  Louise  17. INFORMANT  ADDRESS  (Same)  SE OF DEATH  Character Dielese  Amtral Steassia & Insufficiency and atmal Fibrillation  20 yrs. +  120A. AUTOPSY? (Yes or No)  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  120A. AUTOPSY? (Yes or No)  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  (If in Boltimore City, give exoct locotion)  21F. HOW DID INJURY OCCUR?	
Oct. 22, 1966.	
4. USUAL RESIDENCE (Where degersed lived, if institution: real A. STATE B. COUNTY Md.	idence before admission)
	give township)
ATE OF DEATH  Registered No. 66 10749  2. DATE AND HOUR OF DEATH Oct. 22, 1966.  4. USUAL RESIDENCE (Where decemped lives) institution residence before admission)  M. STATE M. STATE M. S. COUNTY M. B. COUNTY M. B. COUNTY M. Baltimore  D. STREET ADDRESS (Il rurol, give location)  Denmore Avenue  S. DATE OF BIRTH Jan. 24,1897.  11. BIRTHPLACE (Stole or foreign country)  Italy  14. MOTHERS MAIDEN NAME LOUISE  17. INFORMANT  Mr. Frank Bertazon  DE DEATH  ONSET AND DEATH ONSET A	
Jan. 24, 1897.  9. AGE (In years lost birthdoy) 69	1 Yr. If Under 24 Hrs. Doys Hours Min.
WHA	T COUNTRY?
	Italy
17. INFORMANT	ADDRESS
	e)
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ensure derebro-Vascular Dia.	10 yrs.
MO IN CERTIFYING CAUSES OF D	CONSIDERED
e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give et, office bldg., INJURY OCCUR?	exact location)
ot) view the body ofter death.	
Attending Med. Stoff Phys. C	
M.D. 12 E. EAGER ST. BALTIMON	
	county) (Stote)
rial Cemetery Baltimore, Md.	ADDRESS
Leonard J. Ruck Inc. Balto. Md	. 21214

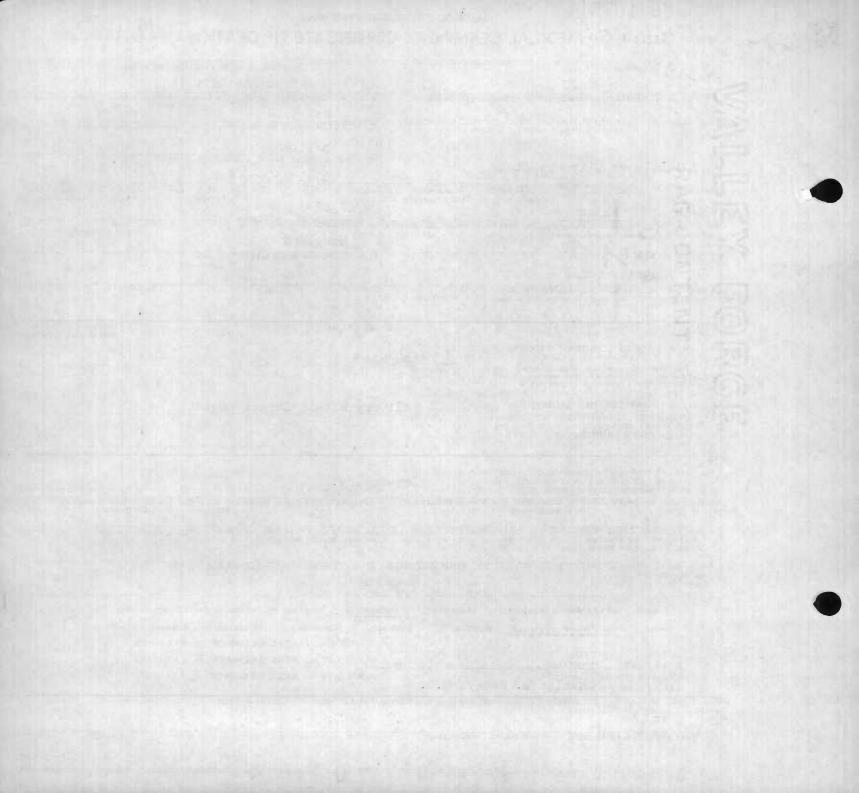




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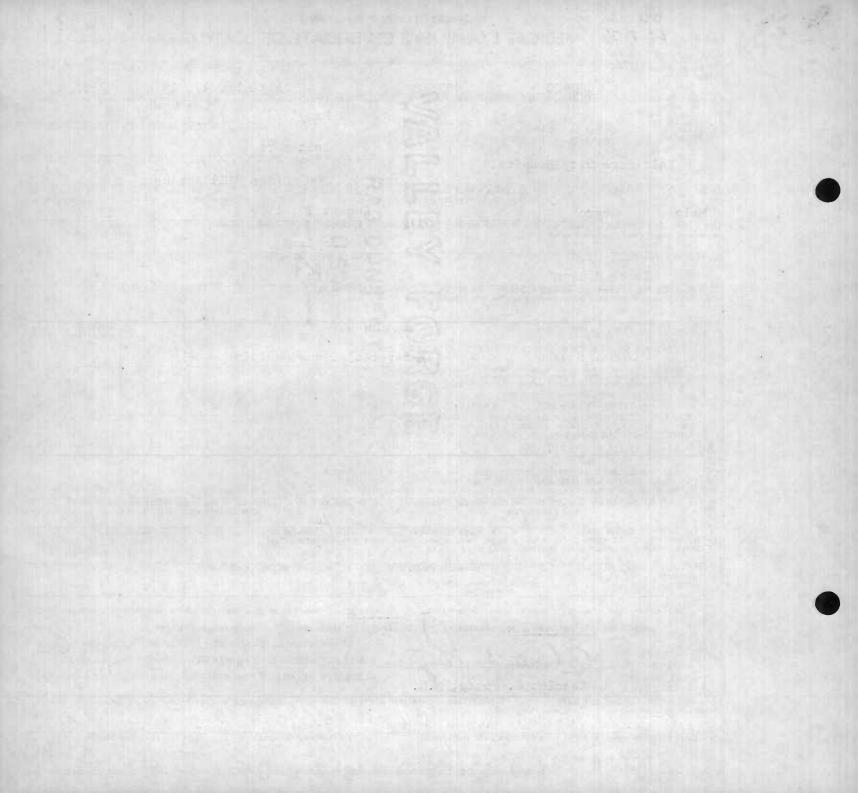
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00 10/21	BALTIMORE CITY HEALTH DEPARTMENT	V 00 1	OME
BARTICE DICAL	BALTIMORE CITY HEALTH DEPARTMENT	DE DEATH DO 1	070

BIRTH NO. 1901	TO GO MED	ICAL EX	CAMINER'S CI	ERTIFICAT	E OF D	EATH Registe	red No	LOTOL
M.E. CASE NO.								
1. NAME OF DE						HOUR PRONOUNCE		0.10 -
	BABY		QUINN			ber 17, 196		3:40 P M
FULL NAME OF	TIMORE, MARYLAND, W			Mar Mar	yland	B. COU	B	dence before odmissio
HOSPITAL OR	ADDRESS OR LOCA	(TION)			timore	corporate limits, write	KUKAL O	na give township)
Balti	imore City Ho	spitals		D. STREET ADDR	RESS (If rural,	give location)		
				·	1 Galen			
Male	WIDOWED, DIVORCED(specify) 0/17/66 lost birthday) Month					Months	T 1 Yr. If Under 24 Hr Doys Hours Min.	
	UPATION (Give kind of work working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (		country)	12. CITIZ WHA	EN OF T COUNTRY?
3. FATHER'S NAM	ME			14. MOTHER'S MA	AIDEN NAME			
Pat	crick Quinn							
	(If yes, give wor or dole		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRES	S
(This does heart failure injury or co	I SE OR CONDITION DI LEADING TO DEATH not mean the mode of considering the mod	dying e.g., the discose, death.)  S NY, GIVING TATING THE	(A) Asphyx DUE TO  (B) Deliv DUE TO  (C)	ery Withi	n Intac	t Amniotic	Sac	INTERVAL BETWEEN ONSET AND DEATH
DISEASE O	DEATH BUT NOT REDECTION CAUSING	IT.	***************************************	urity.	Yes or No)	20B. IF YES, WERE FII	NDINGS C	ON SIDERED
5	WAS PER			Ye		N CERTIFYING CAUS		
UTING CAU	L CAUSE WAS OR CONTRIB- JSE OF DEATH.		PLACE OF INJURY (e.g., form, foctory, street, o			f in Baltimore City, gi	ve exoct le	ocotian)
21D TIME OF INJURY (APPROX.)	(Manth) (Day) (Yea	V	VHILE AT NOT WORK AT W	WHILE	DENI DID WO	RY OCCUR?		
22.	rtify that I held on I	nquiry 🗌	Inspection Aut	opsy X one	that on this	s bosis, deoth in m	ny opinio	n
resu	Ited from: Notural co	uses X	ccident Suicide	Homici	de U	ndetermined monne	er 🗌	
ACTUA SIGNAT	11///	alle I	Perly M.D.	A 5515 T A 141	EDICAL EX		0	DATE SIGNED
EXAMIN NAME (	VER'S Charles	s S. Pet	ty, M.D.	ASSOCIATE M	EDICAL EX	AMINER	9	/18/66
23A. BURIAL CRE	MATION, 238 DATE	23	C. NAME of CEMETERY .	CREMATORY	23D. LC	CATION / (City,	town, or	county) (Stote)
CREMATE	1 1/1 . /	-66 N	redical EXAMIN	ers offic	1 4	Salta		MA
Carried L. L.	BY HEALTH DEPT.	248 NAME	CRICAL		AL DIRECTOR	0,110	,	ADDRESS
VS 151-REV. 1/1,	OCT 2 6 1969	R.G.	E Fachuna	3 0 7	MO	RTHARY S	SERV	ICE BC

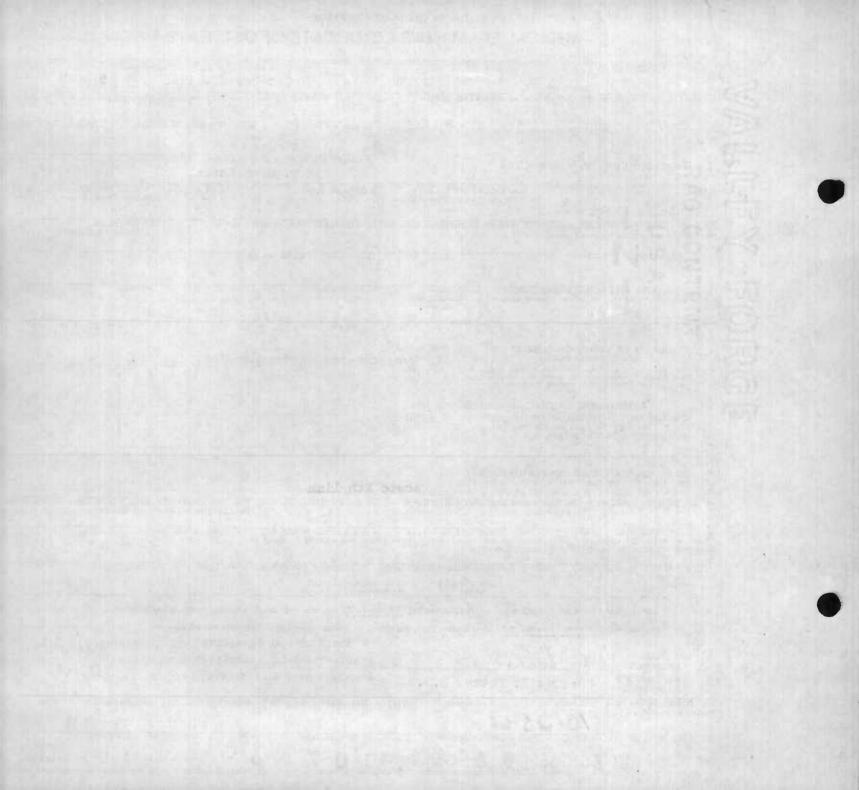


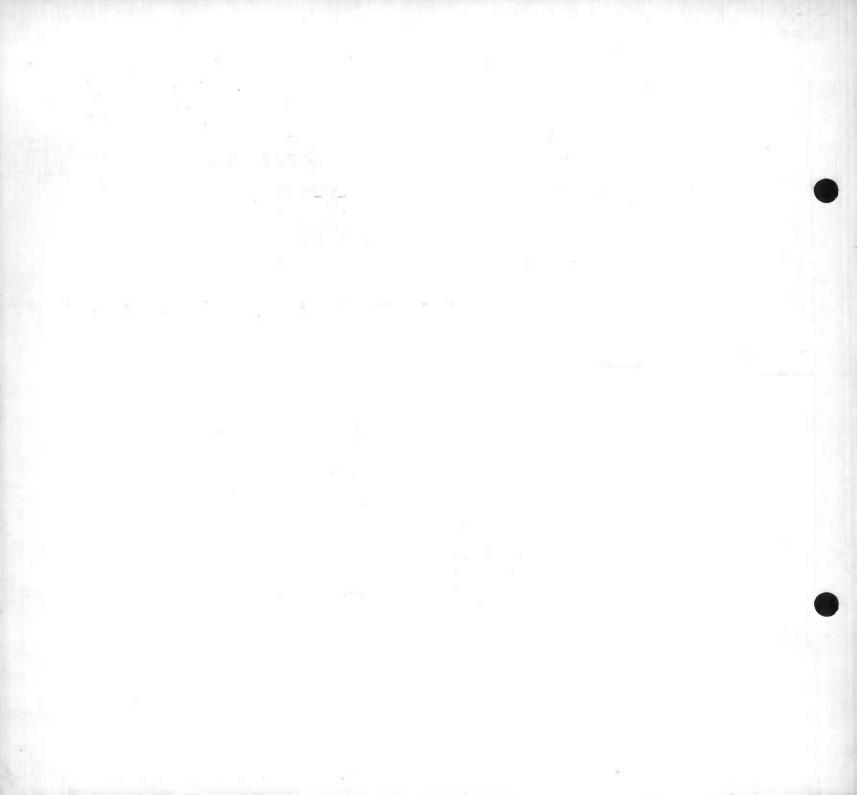
	00 1070	) =	BALTIMORE CITY H	EALTH DEPARTMENT		66 1	075
BIRTH NO.	66-18062	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No.	
AAE CACE	NO						

_	E CASE NO.								
	Pe or Print)	CEASED			III. J. HT. III.	2. DATE AND	HOUR PRONOUNC	ED DEAD	
		CEDRIC		HENSON		Septer	mber 17, 19	66	1.7:55 A M
3. 1	LACE IN BALT	TIMORE, MARYLAND,	WHERE PRONOL	INCED DEAD	4. USUAL RESIDE	ENCE (Where	leceosed ived. If inst	NTY	dence before odmissio
HO	LL NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU CATION)	TION, GIVE STREET	Mar	yland	corporate limits, write		- 3
1142	111011014				Bal:	timore			
3	Ralt	imore City H	Jospitals		D. STREET ADDR	ESS (If rurol,	give location)		
-	Bare	Imore orey i	TOPPLEALE		200	5 Didge	Hill Avenu	0	
5. 5	EX	6. RACE	7. MARRIED.	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years		r 1 Yr, If Under 24 Hr
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		UPATION (Give kind of working life, even if retired		BUSINESS OR INDUST			country)	12. CITIZ WHA	AT COUNTRY?
					Maryl.	and			
13.	FATHER'S NAM	A E		THE PERSON NAMED IN	14. MOTHER'S MA	AIDEN NAME			
	Т	ames Henson			Faith				
15.		D EVER IN U.S. ARM	ED FORCES?	16. SO CIAL	17. INFORMANT			ADDRES	S
		of yes, give wor or do		SECURITY NO.					
	18.	5 X		CAU	SE OF DEATH				INTERVAL BETWEEN
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	(This does	not meon the mode	of dying, e.g.,	DUE TO					
	heart failure,	, osthenio, etc. It meo mplication which cause	ns the disease,	002.0					
	Δ	ANTECENDENT CAU	SES	( P)					
	DISEASES	OR CONDITIONS, IF	ANY, GIVING	DUE TO		• • • • • • • • • • • • • • • • • • • •			
		IE ABOVE CAUSE (A)							
z				(C)					
10		11							
CERTIFICATION	TO THE	NIFICANT CONDITION DEATH BUT NOT I	RELATED TO T		*********************	********			
RT	19A. DATE OF			WHICH OPERATION	20A. AUTOPSY	Yes or No	20B. IF YES, WERE FIL	NDINGS (	CONSIDERED
벙	12		ERFORMED				N CERTIFYING CAU		EATH?
_	EVERNAL A	L CALLER WAS			Yes		( * B td		yes
EDICA	UNDERLYING	OR CONTRIB-	21B, home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	office bldg., INJURY	OCCUR?	t in Boltimore City, gi	ve exoct I	ocotion)
Σ	21D TIME	(Month) (Doy) (Yo	eot) (Hout) 2	1E. INJURY OCCURRED	21 F. H.C	DENI DID INJU	RY OCCUR?		
	OF INJURY (APPROX.)		m. V	VHILE AT NO	T WHILE WORK				
	22.	tify that I held an	Inquiry	Inspection A	utopsy X and	that on this	s bosis, death in n	ny opinia	in
	resul	Ited from: Natural o	auses X	Sulc			ndetermined mann	pr	
		. 0	1	. //_	CHIEF ME	EDICAL EX	AMINER		DATE SIGNED
	ACTUAL		alles J.	· / cety Mo	D. ASSISTANT MI	EDICAL EX	AMINER X		9,17/66
	SIGNAT			M.	ASSOCIATE M				9/1//00
	NAME (	Type) Char	les S. Pe	etty, M.D.	ASSOCIATE M	EDICAL CA	AMITTER		
	BURIAL CRE		23	C. NAME OF CEMETERY	or CREMATORY	23 D. LC	CATION (City,	, town, or	county) (State)
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(	REMAIR	4 100	00/	LEGICAL EXUL	TINERS UTI	CE 1	ONIL		1/10.
24	A. DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNERA	AL DIRECTOR			ADDRESS (
	9	TOT DE HOCE	100	C Z.D	The state of	FTC	THADY	SER	MICE - BI
		101 20 1966	(K. Br. 1)	E STONEUR	- 7 (7)	4 118	MIUALI	Durg	11011
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66 10753	BALTIMORE CITY HEAL	LTH DEPARTMENT			lan'	1075	3		
BIRTH NO. MEDICAL EX	XAMINER'S C	ERTIFICAT	E OF DE	ATH Register		1070			
M.E. CASE NO.									
1. NAME OF DECEASED (Type or Print)  CLARA	PITT			12, 1966		9:40 P	м.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDE	NCE(Where dec	eosed lived. If inst	NTY	e before od			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE  Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore								
Church Home and Hospital	D. STREET ADDRESS (If rurol, give locotion)  38 S. Eden Street								
	, NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH		9. AGE (In years lost birthday)	If Under 1 Months Doy	Yr. If Under	24 His. Min.		
10A. USUAL OCCUPATION (Give kind of work 10B. KIND Odone during most of working life, even if retired)	F BUSINESS OR INDUSTR	YII. BIRTHPLACE (S	tote or foreign o		12. CITIZEN WHAT	OF OUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MA	IDEN NAME						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)	16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE  OTHER SIGNIFICANT CONDITIONS OT RELATED TO DISEASE OR CONDITION CAUSING THE UNDERLYING CONDITION LAST.	(B)	rtensive Ca							
DISEASE OR CONDITION CAUSING IT.		Ethylism		B. IF YES, WERE FIN		-			
WAS PERFORMED		Yes		CERTIFYING CAUS			S		
UNDERLYING OR CONTRIB- hom	21A. EXTERNAL CAUSE WAS  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)  UNDERLYING □ OR CONTRIB-    Description   Control   Control								
OF INJURY (APPROX.)  (Month) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED  WHILE AT NOT NOT NOK AT W	WHILE	W DID INJURY	OCCUR?					
22. I certify that I held on Inquiry resulted from: Notural couses X  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  23A. BURIAL CREMATION, REMOVAL (Specify)  23B. DATE  23C. Percentage of the property of the pro	Inspection Au Accident Sulcid	topsy Nond  Homicid  CHIEF ME  ASSISTANT ME  ASSOCIATE ME	DICAL EXAMEDICAL EXAME	MINER A	er 🗌		5 n_		
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME  OCT 26 1966   726	6 E Falluija	246. FUNERA	MOST	UARY SE	ERVICE	B - B	CHD		



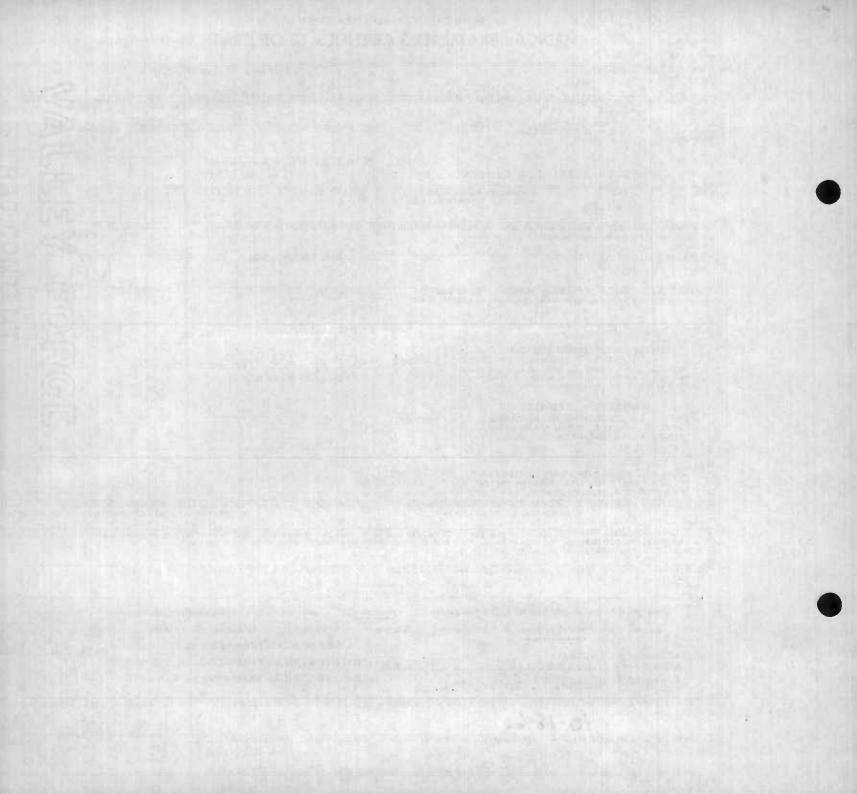


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BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registr

SERTE	H NO.		MEDICAL	CV	AWIINER 2 CE	KIII	CATE OF L	DEW ILL Kedizie	ered Nd.		
M.E.	CASE NO.										
1. NAME OF DECEASED (Type or Print)						2. DATE AND HOUR PRONOUNCED DEAD					
				oda				9/18,	/66   10:40 p.m.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  INSTITUTION						4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland C. CITY OR TOWN IIf autside carparate limits, write RURAL and give township) Baltimore					
	43	South B	altimore (	Gener	cal Hospital	D. SIKEE	T ADDRESS III rural,	Villiam St.			
	male white 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specily)			B. DATE	OF BIRTH	9. AGE (In years lost birthdox)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.				
		JPATION (Give I vorking life, even		D OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CI			12. CITIZEN OF WHAT COUNTRY?		
3. F.	ATHER'S NAM	\E				14. MOTH	ER'S MAIDEN NAME				
			S. ARMED FORCES		6. SO CIAL SECURITY NO.	17. INFOR	MANT		ADDRESS		
ATION	DISEASES RISE TO TH UNDERLYIN	asthenia, etc. mplication which NTECENDEN OR CONDITIO E ABOVE CAL NG CONDITIO	ONS, IF ANY, GIV	ING THE	IB)DUE TO	vasc	ular diseas	se			
CERTIFICATION	TO THE	DEATH BUT	NOT RELATED CAUSING IT. 198. CONDITION	TO TH	E	20A. A			NDINGS CONSIDERED		
Ö	2		WAS PERFORMED			7	es	Ves	SES OF DEATH?		
MEDIC	UNDERLYING UTING CAU	CAUSE WAS OR CONTRIB- SE OF DEATH.		home, etc.)	ACE OF INJURY (e.g., i form, factory, street, a	n or abau ffice bldg.	21C. WHERE DID	lf in Baltimore City, g	ive exact location)		
	ACTUAI SIGNAT EXAMIN	URE ALL	Id an Inquiry atural causes atural	Ac	Inspection Autocident Suicide	CH ASSIST		AMINER E	- Francisco Control of the Control o		
	NAME ( BURIAL CRE NOVAL (Specify	MATION, 23B	O-18-66	23C.	NAME of CEMETERY o	CREMA	IVE SITY	MEDICAL	A town on county AND Store		
24A.	DATE REC'D	OCT 2		Soul	FREGISTRAR - E. Farberman	24C.	FUNERAL DIRECTOR	TUARY SI	ERVICE - BCHD		



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DIRECTOR:

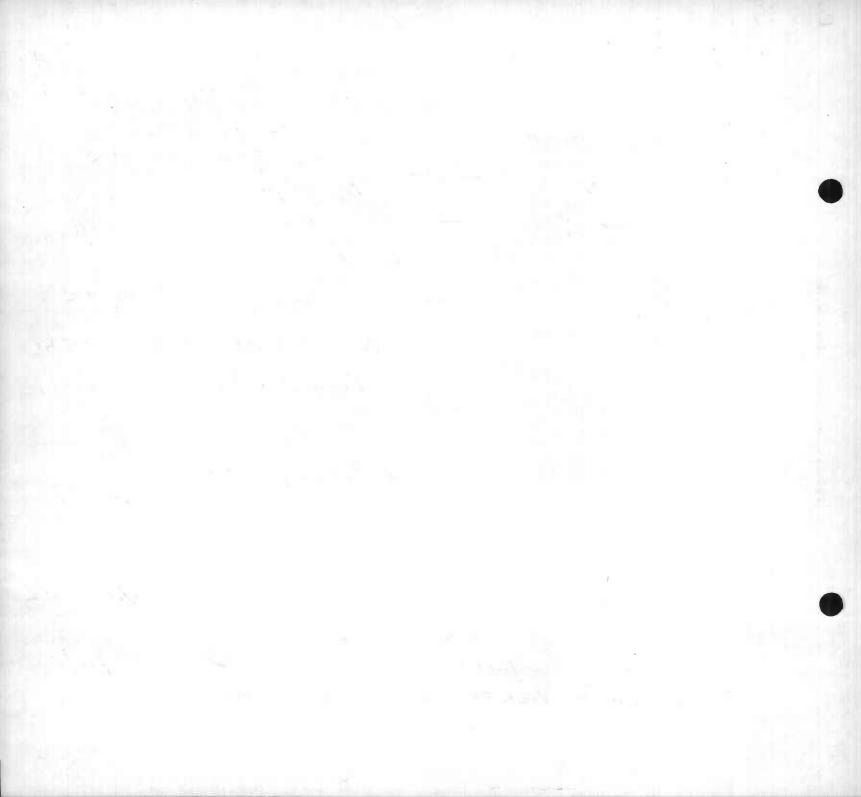
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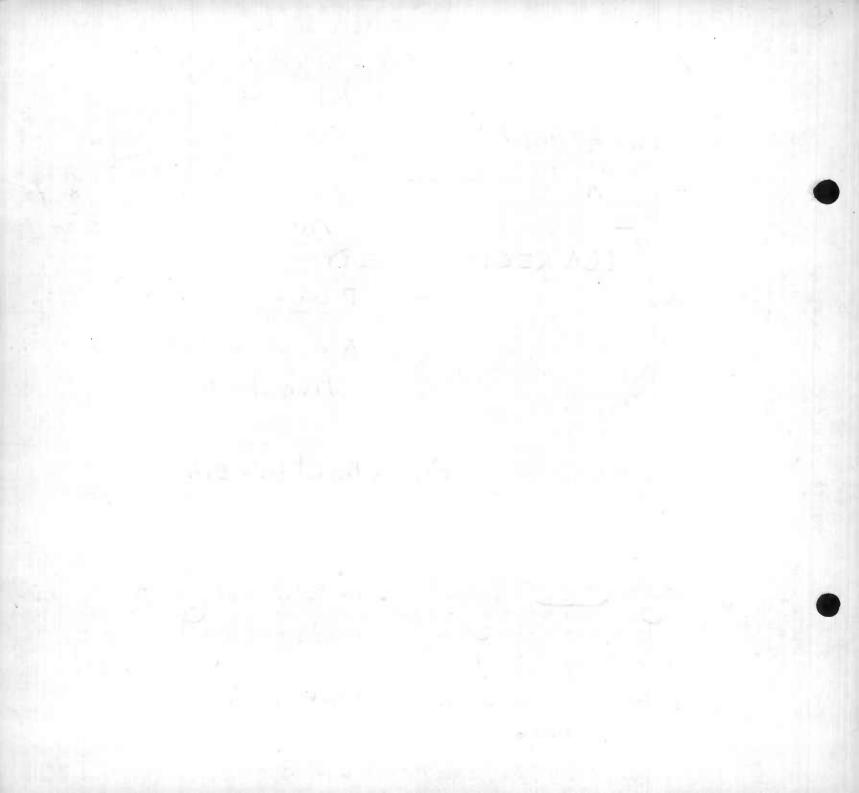


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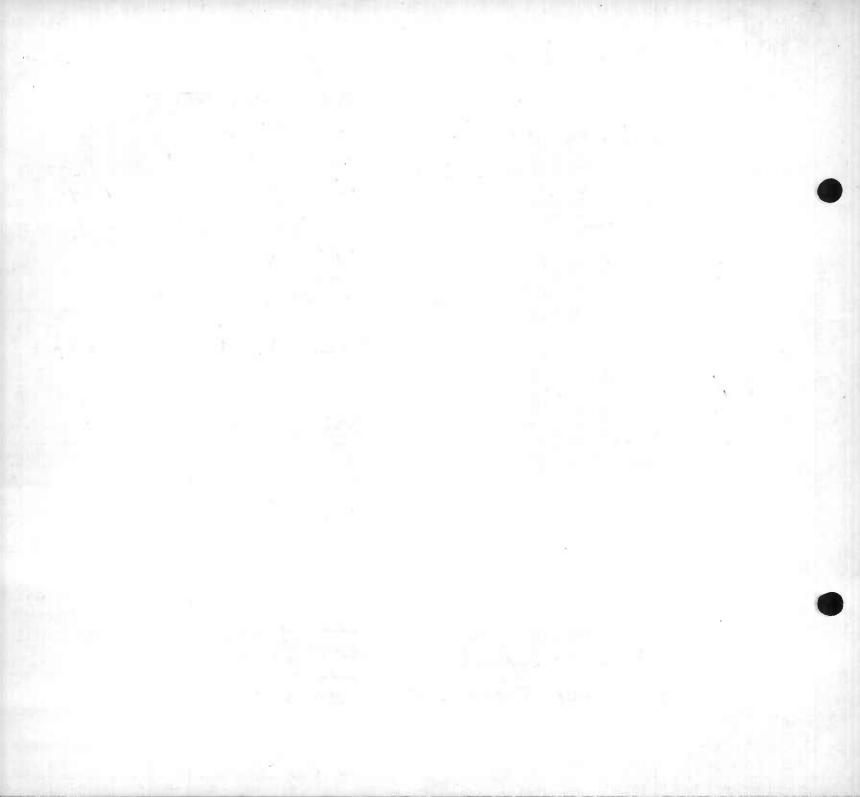
FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT





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BIRTH NO. 1016 3	1269966 107	59	CERTIFICA	TE OF DEA	ATH R	egistered Na	66 10	759
M.E. CASE NO.	EASED					OUR OF DEATH		
Type or Printl -	arzy bine	Honer	ſ			6-6:1-		6:10 A,
PLACE OF DEA	ATH IN BALTIMORE MA	RYLAND		4. USUAL RESIDEN	NCE (Where dec	eos d lived and	stitution residence	efore odmission
CERI	If not in hospital oddress or location	AME	NULL	A. STATE		1. 1-31	and the same	
HOSPITAL OR	oddress or location	or institution, give	12-6-66	C. CITY OR TOWN	(If outside	city limits, write	RURAL ond give tow	nship)
INSTITUTION	oddress or location	tosp. TA	L	A				
OWIN				D. STREET ADDRES	SS (If rurol,	give locotion)		
28				21.03	CLIFT	ON	AVE.	
SEX	6. RACE	7. MARRIED, NEV	VORCED (specify)	8. DATE OF BIRTH	a Hank h	E (In years pirthdoy)	If Under 1 Yr. I Months Doys H	Under 24 Hr
1-	10			10/17/60				16
	UPATION (Give kind of work working life, even il retired)	108. KIND OF BUS	SINESS OR INDUSTR	Y 11. BJRTHPLACE (St.	ote or foreign co	untry)	12. CITIZEN OF WHAT COUN	TRY?
				14. MOTHER'S MA	AM.	any Law.	o USA	
3. FATHER'S NAM								
ALBER	Charles Her	Lewis		1 Go	ldie Jean	n Henders	1971	
. Was Deceased	Ever in U. S. Armed For	ces?   16.	SOCIAL	17. INFORMANT			ADDRESS	
es, no or unknown	(If yes, give wor or dote	s of service)	SECURITY NO.	FILL	ot s	TOKA	man	
18.020	201		CAUSE	OF DEATH	, J.	101-1		BETWEEN
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	nat mean the made ai		DUE TO			A		
	asthenia, etc. It means optication which coused		( )					
	ANTECEDENT CAUSES		(B) JC L	EREMA NE	EUNN JOK	um	161	RS.
DISEASES C	OR CONDITIONS, if	any, giving	DUE TO				2	
	e abave cause (A)	stating the	(C) POSS	EREMA NE	EWILAL.	Syphilles		****************
UNDERLIING	3 CONDITION last.							
OTHER SIGNI	IFICANT CONDITIONS C	ONTRIBUTING						
E TO THE D	EATH BUT NOT RELA	TED TO THE						
U 19A DATE OF	OPERATION 198. CON	DITION FOR WHIC	CH OPERATION	20A. AUTOPSY?	(Yes or Mol 20P	. IF YES, WERE	FINDINGS CONSIDE	RED
STATE OF	WAS PERI	FORMED		VE	5	CERTIFYING CA	USES OF DEATH?	
U 21 A. ACCIDE	NT WAS UNDERLYING	218. PLA	CE OF INJURY (e.g.	in or about 21 C. WHE	RE DID	(If in Boltimore	e City, give exact la	cotion)
DEATH (notify	medical examiner	etc.)	orm, roctory, street,	office blog., INJURT O	CCOK			
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E, INJ	URY OCCURRED	21 F. HOW	DID INJURY	OCCUR?		
OF INJURY		While A	Not Wh					
		Work	☐ At Worl					
22. 1 certify	that (1) (this hospital	) attended the d	eceased fram		19	ta	14/66	19
that (I) (we)	last saw the decease	d alive an	10/17/6	6 [19	and that in	(my) (aur) api	nian death accurr	ed an the da
and haur and	d from the causes stat	red abave (I) (W	e) (did) (did nat)	view the bady afte	r death.			
23A. SIGNATU	IRE	71					238. DATE SIGNED	)
	4 14AS (1	The	M.D. At	tending Med	Staff Clor Phys.		10/18/60	6
23C. PHYSICIA	N'S			23D. ADDRESS			7 07 -	
NAME (T	FLLIOT S	- Take	AR M.D	1/1/1/15=6	2'51-TIJ -	Hn50.	TAL	
4A. BURIAL CRE	MATION, 124B, DATE	24C NAME	of CEMETERY OF C	O /VA PA	Y2400 LDC	OAKDY	MARY	LAND
REMOVAL (S	Specify)		O. CEIVILIER OF CI	#1210W	ED CERT	3223	myr iowis –or seemby)	O S
	10-20			UNIV	ERSULY	MEDIC	LAL SCHO	10L
5A. DATE REC'D	0C1 2 6 1966	258. NAME OF B	EGISTRAR DAME	25C. FUNERAL	DIRECTOR	TINTY A	ADDI	ESS
	0001 N 0 1000	APPROPER C	To the state of th	307	MIUKI	JAKY S	ERVICE.	BCHI
/S 150-REV. 1/1/	65	1		9	-			

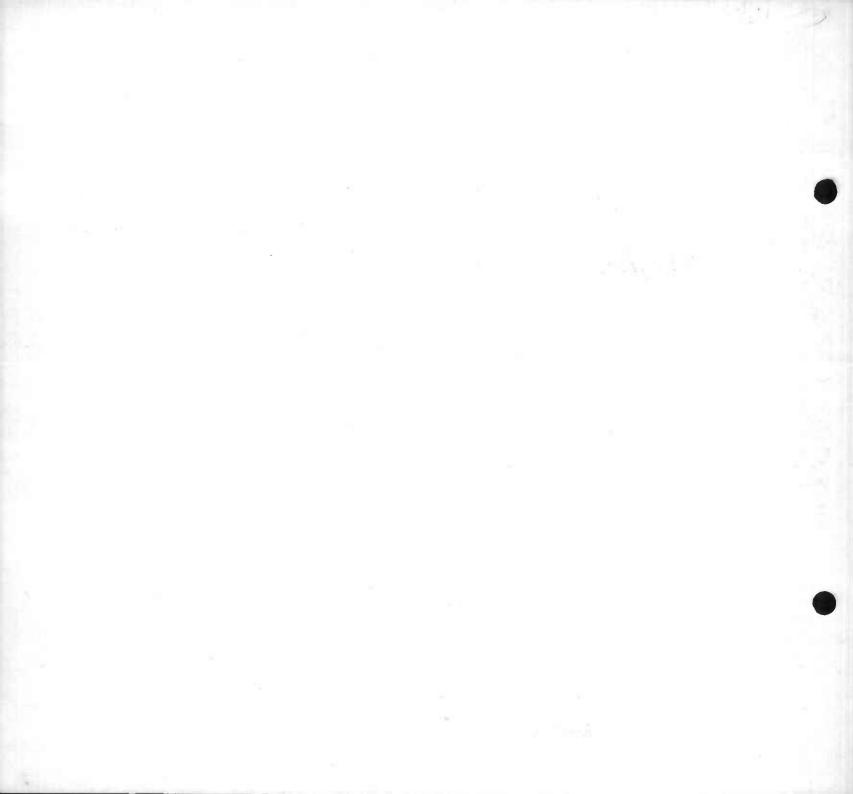




VS 150-REV. 1/1/65



VS 150-REV. 1/1/65



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DIRECTOR:

FUNERAL



BALTIMORE CITY HEALTH DEPARTMENT

II Under 24 His.

Hours

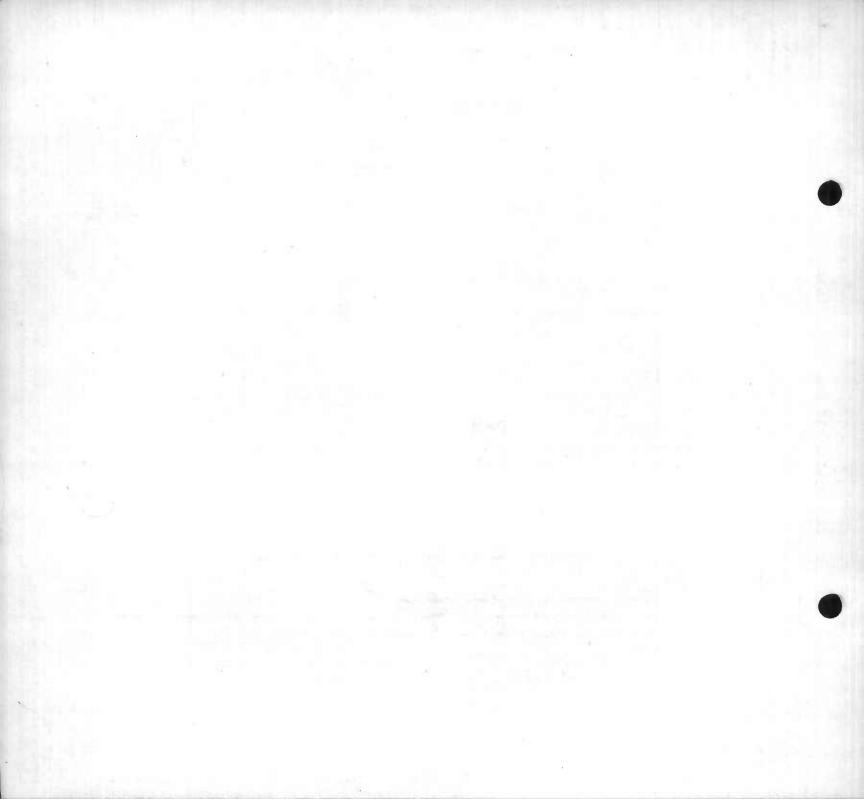
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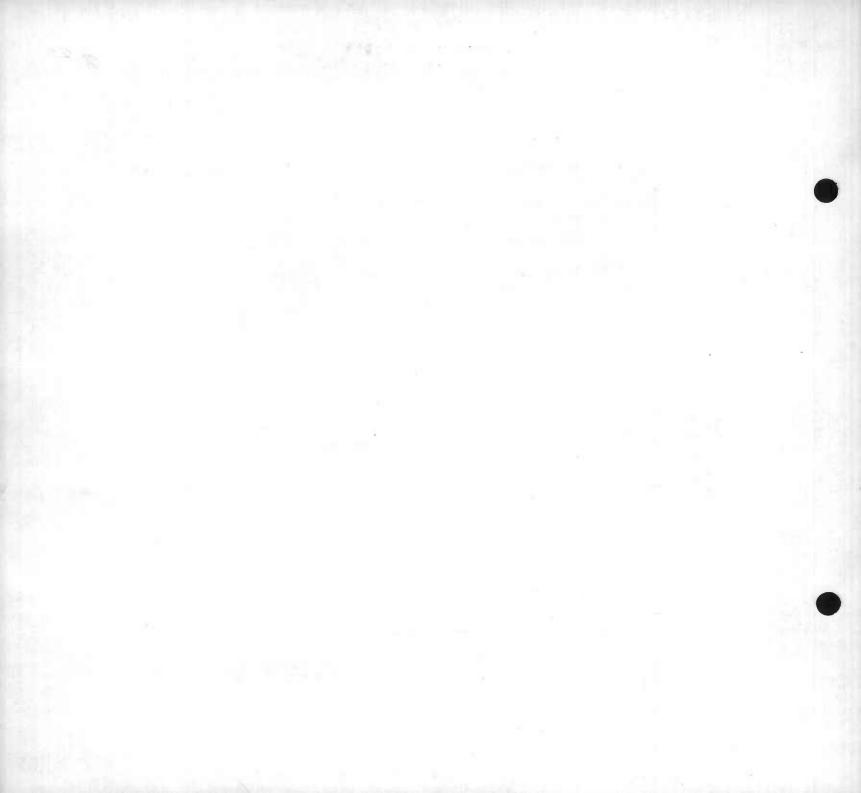
VS 150-REV. 1/1/65



1.1 1006400 40500	BALTIMORE CITY H	HEALTH DEPARTMENT		CC 107/00 0
BIRTH NO. 66-1988966 10766	CERTIFICAT	E OF DEATH	Registered Na	66 10766
M.E. CASE NO.  1. NAME OF DECEASED		2 DATE ANI	D HOUR OF DEATH	
(Tune or Print)	DARATI		166	720
3. PLACE OF DEATH IN BALTIMORE MARYLAND				Then: residence before ormission
		A. STATE B. COUNT	TY	S X
FULL NAME OF (If not in hospitot or institution, g	ive street	and		50
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outs		AL and give township)
0 - //		Balto, m	d.	
12.1.	00		ural, give location)	
Jassimai /		3404 Gwy nn	Folls Pkwy.	(16)
SEX 6. RACE 7. MARRIED,		DATE OF BIRTH		f Under 3 Vr. If Under 24 Hrs
BOY NEGRO WIDOWED	, DIVORCED (specify)	9-15-66	ost birthdoy) M	
' / ' ' ' '			codon	16:12
A, USUAL OCCUPATION (Give kind of work 10B, KIND OF one during most of working life, even if retired)	BOZINESS OK INDUSTRY	1. BIRTHPLACE (Stote or foreig	in country) /	2. CITIZEN OF WHAT COUNTRY?
		Balto.	nd.	u.s.
FATHER'S NAME	11/	AAOTHERS MANDEN MAA	A.C.	
Sav	04,	Λ 4	y Wear	100
foreper y 's	pr.	Noroth	y wear	ieic
Was Deceased Ever in U.S. Armed Force?		7. INFORMANT	0	ADDRESS
solve of sixtio with the yes, give wor of doles of service?	SECURITY NO.			
18. 773.51	CAUSE OF			ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		natury Dutus	/	
LEADING TO DEATH	(A) King	natury Dulus	· Synchrony	16 hr.
(This does not mean the made of dying, e.g., heart lailure, asthenia, etc. It means the disease,	DUE TO /	/	severe	
injury ar camplication which coused death.)		-Armi s	and a second	
ANTECEDENT CAUSES	(B)	Primature	ly	
	DUE TO		0	
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the	(C)			
UNDERLYING CONDITION Iosi.	1 6000000000000000000000000000000000000	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		•••••••••
- 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OF CONDITION CAUSING IT.	VHICH OPERATION	20 A. AUTOPSY (Yes) or No	208 IE VES WERE EINI	DINCS CONSIDERED
WAS PERFORMED	THICH OF EXAMINE	TOP SPECIFICATION	108. IF YES, WERE FINI	S OF DEATH?
21 A. ACCIDENT WAS UNDERLYING 21 B.	PLACE OF INJURY (e.g., in of e, form, foctory, street, office	or obout 21 C. WHERE DID	(If in Boltimore Ci	ty, give exoct locotion)
DEATH (notify medical examiner) etc.)				
21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
OF INJURY	le At Not White		AL OCCUR:	
(APPROX.) World	k At Work			
22. 1 certify that (1) (this hospital) attended th	a deceased from 3	Se 9-15 1	0 / / +=	9-15-10 /6
	e deceased fram	(A)/	y .G.G10	
that (I) (we) last saw the deceased alive an	TEM 9	7-15.19.4.4 and the	ıt in(my) (aur) apinia	n death accurred an the da
and haur and frain the causes stated above. (1)	) (We) (did) (did nat) vie	w the bady after death.		
23A. SIGNATURE			23	B, DATE SIGNED
Link a 1	M.D. Attend	ding Med.	Staff Phy s.	C. 100
gacac di , i	Phys.		Phy s.	9-15-66
23C.PHYSICIAN'S NAME (Type)	23	D. ADDRESS		
Jucil a. To 23C. PHYSICIANS NAME (Type) Lucile A. T	OrrES M.D.	SINAI	HOONTA	/
4A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY OF CREM	ATORY A MARIAN	CATION	town or thunty
REMOVAL (Specify)	THE OF CHITICIENT OF CREW	THE TRACE OF PERSONS ASSESSED.	S-JAM LIN DICINI	r " right from Later to the contract of the co
10-2)-66		INTEREST	TV MEDIC	II CCHOOL
SA. DATE REC'D BY HEALTH DEPT. 258. NAME O	F REGISTRAR	25C. FUNERAL, DIRECTOR	HI MEUIL	ADDRESSUL
OCT 26 1966 (P.O. F	LO CAN HE	B 0 7 MAT	THIADW CD	DVICE RCHI
	C. YOUBEUTUR	N.Ui	CLUAUCE_SE	KYILE - DUIII
VS 150-REV. 1/1/65				





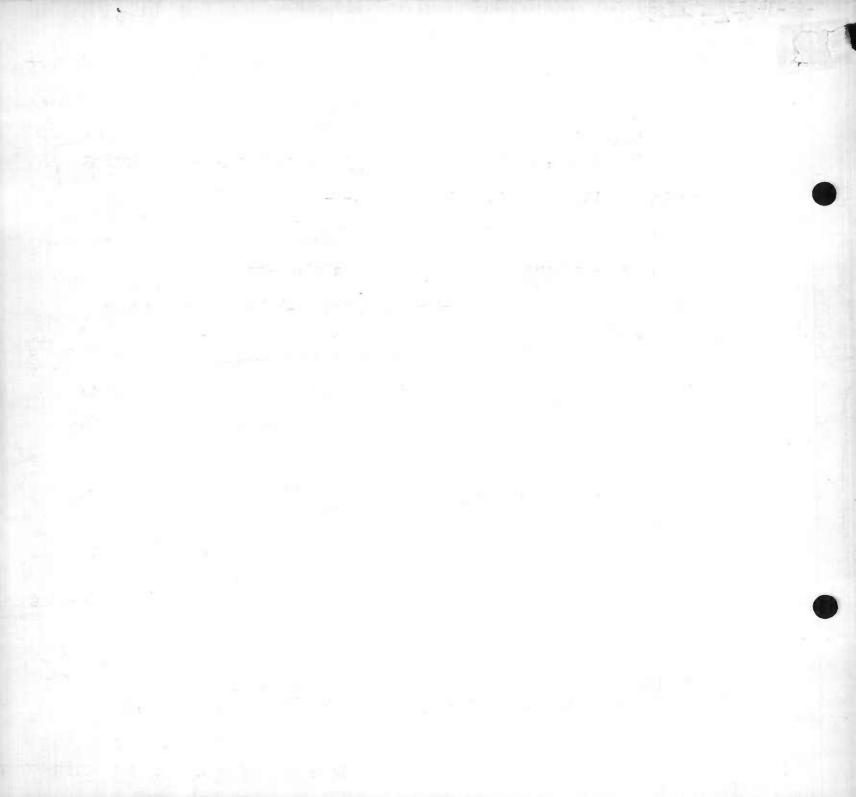


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**DIRECTOR:** 

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VS 150-REV. 1/1/65



VS 151-REV. 1/1/65

Sob-Levinson & Bros. Inc., 6010 Reisterston

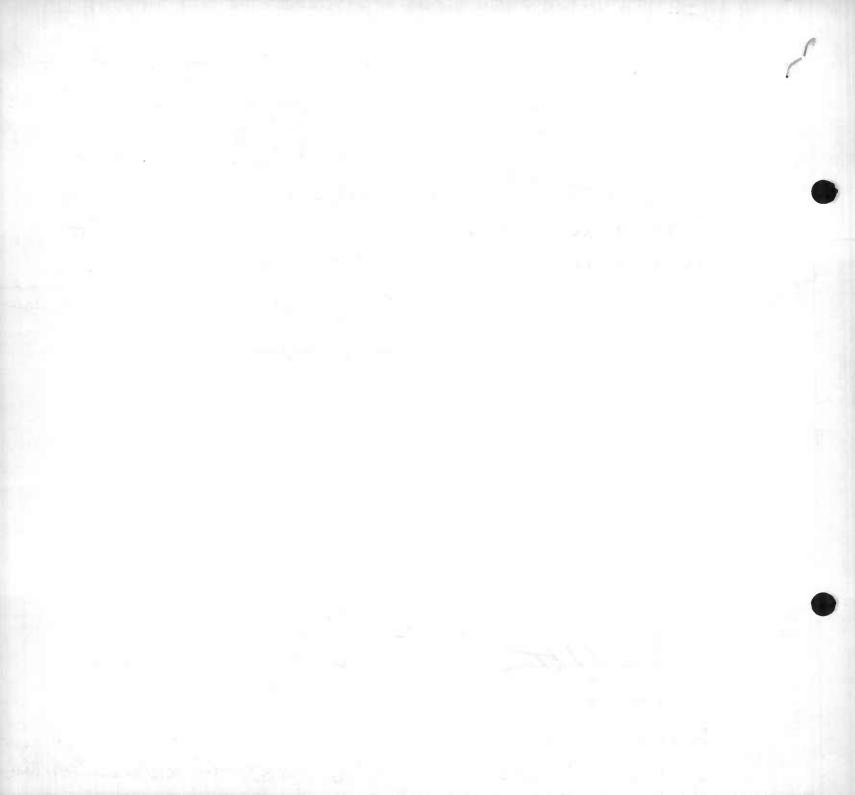
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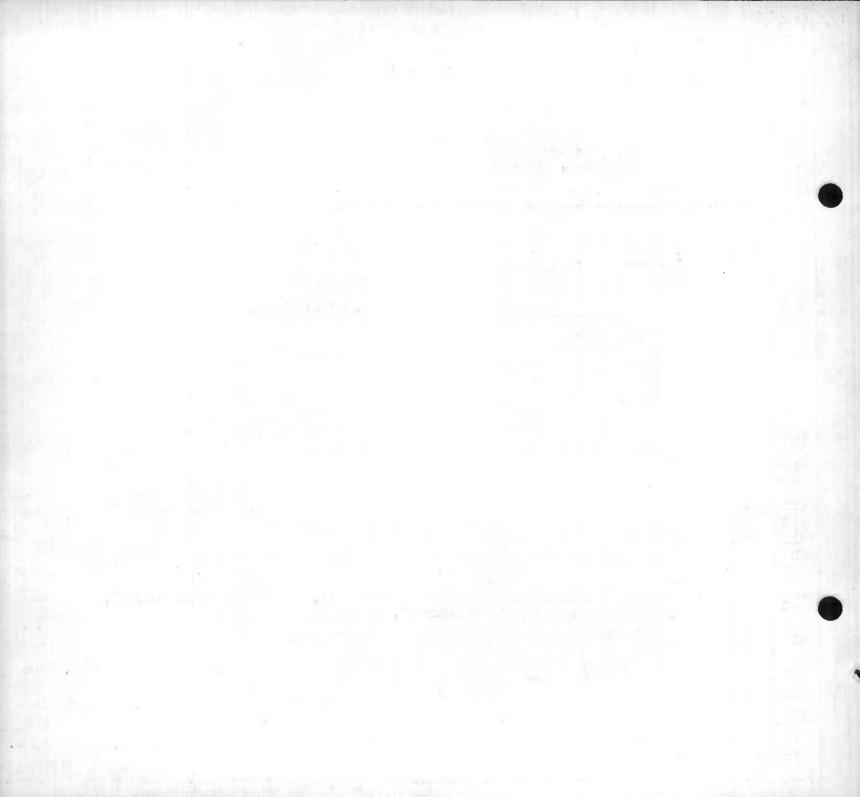
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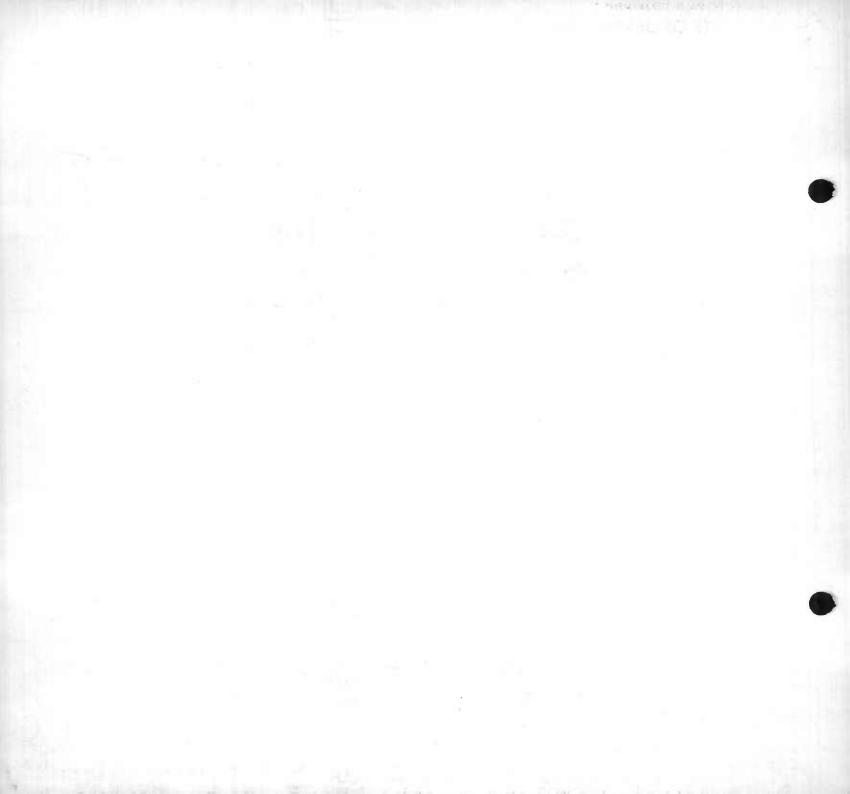
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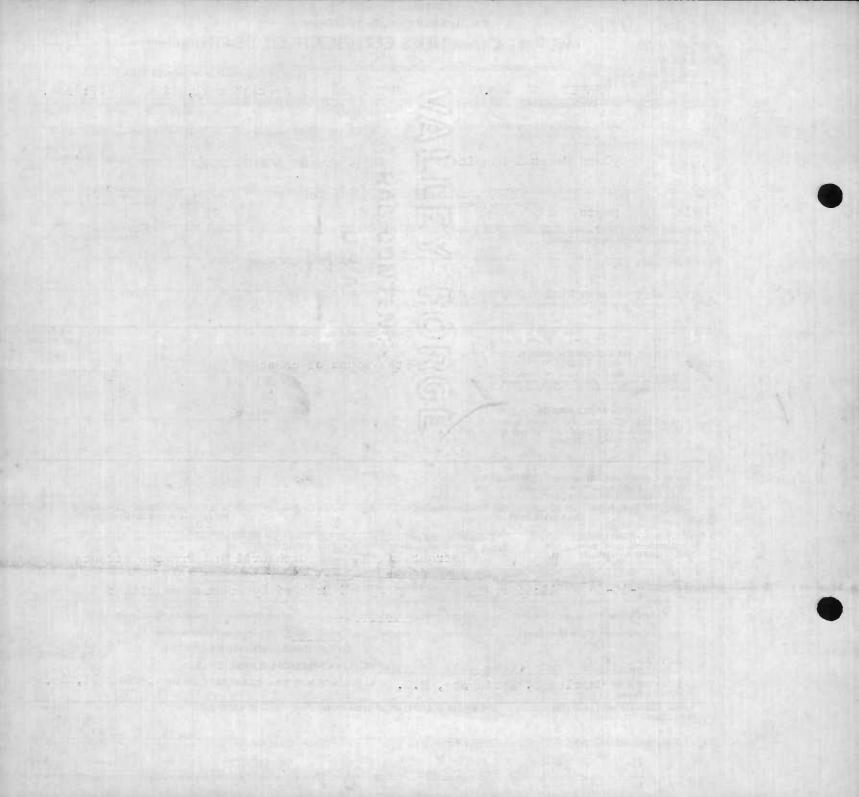
VS 150-REV. 1/1/65







5-532	66 10777  BALTIMORE CITY HEALTH DEPARTMENT  MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
	M.E. CASE NO.  1. NAME OF DECEASED  12. DATE AND HOUR PRONOUNCED DEAD
	MELVIN W. SMITH September 11, 1966 12:05 A.M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where docoosed lived. If institution: residence before odmission) A. STATE B. COUNTY
	EINT NAME OF JE NOT IN MOSPITAL OF INSTITUTION CIVE STREET
	HOSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Maryland General Hospital  D. STREET ADDRESS (If rurol, give location)
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yoors   If Under 1 Yr. If Under 24 Hrs.   WIDOWED, DIVORCED(specify)   Months, Days   Hours   Min.
	Male Negro WIDO WED, DIVORCED (specify)   Iost birthdoy)   Months   Days   Hours   Min.
	10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. DIRTHPLACE (State ar foreign country)  12. CITIZEN OF WHAT COUNTRY?
	A TOTAL CONTROL OF THE PARTY OF
	13. FATHER'S NAME
	15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS
	(Yes, no or unknown) (If yes, give wor or dotos of servico) SECURITY NO.
	18. CAUSE OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH Stab wound of chest
	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthonia, etc. It moons the discose, injury or complication which coused dooth.)
	ANTECENDENT CAUSES
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
	NOT:
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	USEASE OR CONDITION CAUSING IT.
	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION Yes 194. DATE OF OPERATION Yes 194. DATE OF OPERATION Yes 195. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (o.g., in or obout 21C. WHERE DID (If in Boltimoro City, give exoct locotion) home, form, foctory, street, office bldg., INJURY OCCUR?  ct)  21B. PLACE OF INJURY (o.g., in or obout 21C. WHERE DID (If in Boltimoro City, give exoct locotion) home, form, foctory, street, office bldg., INJURY OCCUR?  Cathedral and Preston streets
	Street Cathedral and Preston streets    Street   Cathedral and Preston streets
	OF INJURY (APPROX.) 9-10-66 11:35 P WHILE AT NOT WHILE X Stabbed by unknown assailant
	22
	I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion
	resulted from: Natural couses Accident Suicide Homicide W Undetermined manner  CHIEF MEDICAL EXAMINER
	ACTUAL ( LIGHT ) DATE SIGNED
	EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER September 11, 1966
	NAME (Type)
	23A. BURIAL CREMATION, REMOVAL (Specify) 23B. DATE 23C. NAME of CEMETERY or CREMATORY. 23D. LOCATION (City, town, or county) (Stote)
	INIVERSITY REDICAL SCHOOL
	24A. DATE REC'D BY HEALTH DEPT.   24B. NAME OF REGISTRAR   24C. FUNERAL DIRECTOR   ADDRESS
	OCT 27 1965 P. D. & E. Fallyna MORTUARY SERVICE - BCHI
	VS 151-REV. 1/1/65

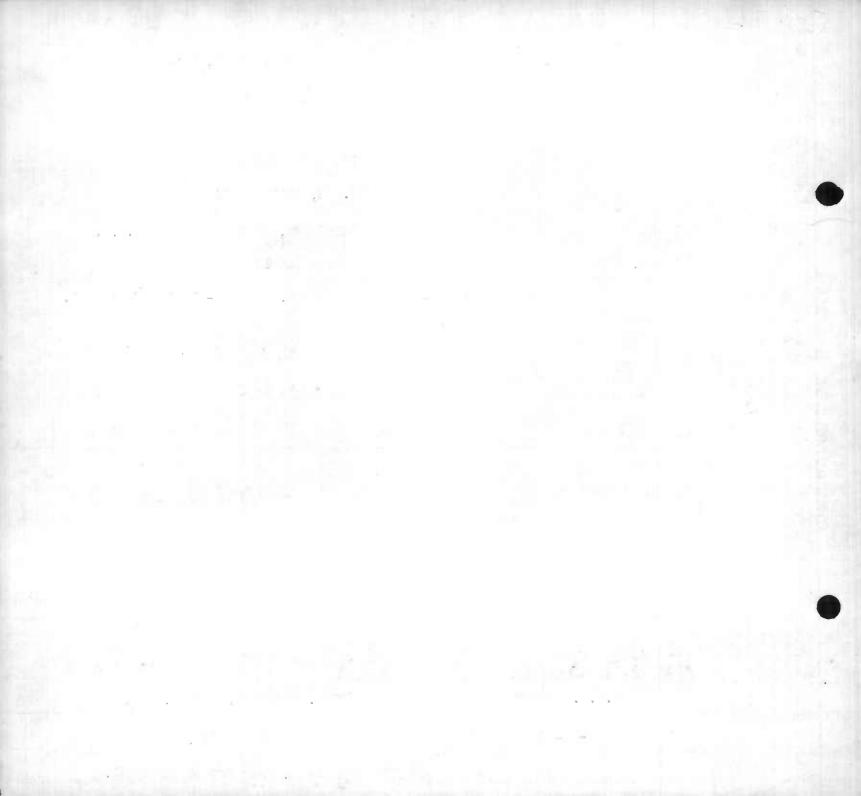


VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered Na. BIRTH NO. 66 10778 M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) October 23, 1966 | 11:10a M Edith H. Savage
3. PLACE OF DEATH IN BALTIMORE, MARYLAND B. COUNTY A. STATE (If not in hospital ar institution, give street Maryland FULL NAME OF HOSPITAL OR oddress or location) (If outside city limits, write) RUBAL and give township) C. CITY OR TOWN INSTITUTION Provident Hospital Baltimore 1514 Division Street D. STREET ADDRESS (If rurol, give location) Baltimore, Maryland 21217 2513 N. Ellamont Street If Under 1 Yr. 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 5. SEX If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy Months Doys Hours Oct. 18,1895 Female Negro married 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State at fareign country) 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even if retired) U.S.A. Washington, D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN 15. Was Deceased Ever in U. S. Armed Farces ADDRESS 6. SOCIAL 17. INFORMANT Phone: 945-1178 (Yes, no ar unknown) (If yes, give wor or dotes of service) SECURITY NO. NO Hezakiah Savage-husband same CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease, RUDSCHEROTR/ SEART DISERS injury or camplication which caused death, ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) slating the UNDERLYING CONDITION Inst. Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 B. IF YEL WERE FINDINGS CONSIDERED 20A. AUTOPSY? (Yes or No) IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (1) (this haspital) attended the deceased from October 12, 19 66 to October 23. 19 66 that (I) (we) last saw the deceased alive an October 23. and that in(my) (aur) apinion death accurred an the date and Maur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23 A. SIGNATURE 23B, DATE SIGNED Attending M.D. Med. Stoff Phys. October 24,1966 Phys. 230 PHYSICIAN'S NAME (Type) 23D. ADDRESS M.D. 1514 Division Street-Baltimore 17, Maryland -ILBERT 24A. BURIAL CREMATION, 248. 24D. LOCATION CEMETERY OF CREMATORY (City, lown, or county) REMOVAL (Specify) 10 25C. FUNERAL DIRECTOR

or of pinners e e e man same No. Champey Thypombes i ARTERIOSCLEROTA HEART DINERS Schappings Pathersonick will Diahotes Mellites, Rend Hanging Cotuber II, of ctuly ... Red of Barpoit CILBERT L. PRANCIELD

M.E. CASE NO.	CEASED		2. DATE ANI	D HOUR OF DEATH	1
Type or Print)	BERTINA B.	CARTER		ER 22, 1966	
FULL NAME HOSPITAL OI INSTITUTION	OF (If not in hospital oddress or location	or institution, give street n)	BALTIMORE	Ϋ́	RURAL and give fownship)
00			1908 DIVISION	STREET	
FEMALE	6. RACE COLORED	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	8. DATE OF BIRTH NOV. 28, 1892	ost birthdoy) 73	If Under 1 Yr. If Under 24 Hi Months Doys Hours Min.
	of working life, even if retired)	TOB, KIND OF BUSINESS OR INDUST			12. CITIZEN OF WHAT COUNTRY?
JAMES	R. BUTLER		14. MOTHER'S MAIDEN NAMELIZA DORSEY	A E	
5. Was Deceas Yes, no or unknow	ed Ever in U. S. Armed Forman (If yes, give wor or dote	ces? s of service) 16. SOCIAL 212-16-98301	17. INFORMANT  WILLIAM H. CAN	RTER # 1908	ADDRESS DIVISION ST.
heart failure	LEADING TO DEATH  nal mean the made af  a, asthenia, etc. It means  amplication which caused	the disease,	my ceardial on	fuict	ovy any
DISEASES rise la UNDERLYII	nal mean the made of a, asthenia, etc. It means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last.  II  NIFICANT CONDITIONS CODEATH BUT NOT RELA	the disease, death.)  (B)  DUE TO  any, giving staling the (C)  ONTRIBUTING ITED TO THE	mijocardial in	ter	14809
DISEASES rise to UNDERLYII  OTHER SIG TO THE DISEASE O	nal mean the made of a asthenia, etc. It means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last.  II  NIFICANT CONDITIONS CODEATH BUT NOT RELAR CONDITION CAUSING I	the disease, death.)  (B)  DUE TO  any, giving staling the (C)  ONTRIBUTING STED TO THE TO.  DITION FOR WHICH OPERATION	Mijteridial by	208. IF YES, WERE	14 Cay
DISEASES rise la UNDERLYIN  OTHER SIG TO THE DISEASE O  19A. DATE (  21A. ACCID OR CONTRI	nal mean the made of a asthenia, etc. It means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last.	the disease, death.)  (B)  DUE TO  OUR TO  OUTRIBUTING LIED TO THE T.  DITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g.	- hyocarde	20B. IF YES, WERE IN CERTIFYING CA	14 CAY  14 CAY  14 CAY  FINDINGS CONSIDERED  AUSES OF DEATH?
DISEASES rise la UNDERLYIN  OTHER SIG TO THE DISEASE O  19A. DATE (  21A. ACCID OR CONTRI	nal mean the made of e, asthenia, etc. It means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last.  II NIFICANT CONDITIONS CODEATH BUT NOT RELAR CONDITION CAUSING 1 OF OPERATION 1785. CON WAS PERIOR TO CAUSE OF BUTING CAUSE OF	the disease, death.)  (B)  DUE TO  OUR TO  ONTRIBUTING (TED TO THE T.  DITION FOR WHICH OPERATION ORMED  21 B. PLACE OF INJURY (e.g., home, form, loctory, street, etc.)	20A. AUTOPSY? (Yes or No)  in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	AUSES OF DEATH?
DISEASES rise la UNDERLYH  OTHER SIG TO THE DISEASE O  19 A. DATE (  OR CONTR! DEATH (not)  21D. TIME OF INJURY (APPROX.)  22. I certif that (1) (	nal mean the made of a, asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) NG CONDITION lost.  NIFICANT CONDITIONS CONDITI	the disease, death.)  (B)  DUE TO  DUE TO  ONTRIBUTING STED TO THE T.  DITON FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., home, form, loctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not W. Work  At Woo  d alive an At We did (did not)  ed above. (1) (We) (did) (did not)	20A. AUTOPSY? (Yes or No)  in or obout 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJURY ond the view the body offer death.  Hending Med. Director  23D. ADDRESS	20B. IF YES, WERE IN CERTIFYING C.  (II in Boltimo	De City, give exact locofion)  2 2 19 6  sinion death accurred on the death accurred by



shows: (1)

Such

prior to death.

and

a hospital

	00 4000	BALTIMORE CITY	HEALTH DEPARTMEN		00 10780
BIRTH NO.	66 1078	CERTIFICA	TE OF DEAT	H Registered No	. 66 10780
M.E. CASE NO.  1. NAME OF DECEMORY (Type or Print)	INCKNOU	Thomas J	2. DA	O DO DM.	10 102/16
3. PLACE OF DEAT	H IN BALTIMORE, MARYA	ND TO	4. USUAL RESIDENCE A. STATE B.	(Where deceased lived, If	institution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(tf not in haspital ar ins address ar location)	titution, give street	c. cippe town	Ilf autside city limits, writ	e RURAL and give township)
	2413 Francis	St.	D. STREET ADDRESS	(If rural, give location)	1503
00			24137	Francis S	St.
5. SEX 6		MARRIED, NEVER MARRIED (specify)  Married	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Manths Days Hours Min.
	ATION (Give kind of work 108. brking life, even if retired)	KIND OF BUSINESS OR INDUSTRY	Baltimore,		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME	E		14. MOTHER'S MAIDEN	NAME	
Unknown	1		Unknown		
(Yes, na or unkna wn)	ver in U. S. Armed Forces? If yes, give war ar dates of		17. INFORMANT		ADDRESS
No.		216-01-8975	l	inckney - 241	3 Francis St.
heart foilure, o injury or comp  AI  DISEASES OR rise to the	I meen the mode of dyin sthenio, etc. It meens the licetion which coused deet NTECEDENT CAUSES  CONDITIONS, if ony, obove couse (A) slot CONDITION lost.	disease, h.) (B) PUE TO			diovascular
TO THE DEA	CANT CONDITIONS CONT ATH BUT NOT RELATED ONDITION CAUSING IT.				
19A. DATE OF	OPERATION 198 CONDITION WAS PERFORM	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes		RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUT	WAS UNDERLYING DING CAUSE OF	218 PLACE OF INJURY (e.g., in hame, farm, factory, street, at etc.)	n ar about 21C. WHERE Diffice bidg., INJURY OCCU	HD (If in Boltim	nore City, give exact lacation)
OF INJURY	Month) (Day) (Year) (Ho	While AI Not While Work At Wark		D INJURY OCCUR?	
22. I certify t	hat (1) (this hospital) att	ended the decembed from	4, 1961	Q19ta	19
	ast saw the deceased al	1 1			ipinian death accurred on the da
		baye. (1) We did (did nat) v	riew the bady after de	eath.	228 DATE SIGNED
23A. SIGNATUR	Itan I Hol	M.D. Alle	ending Med. S. Director	Staff Phys.	10127 161
23C. PHYSICIAN	olton T. H	M.D.	23D. ADDRESS	Hospital	
24A. BURIAL CREM REMOVAL (Sp	ATION, 24B. DATE	24C. NAME of CEMETERY OF CRE	MATORY 2	4D. LOCATION	(City, town, or county) (State)
Burial	10-29-66	Arbutus Memoria	l Park	Baltimore,	Maryland

VS 150-REV. 1/1/65

25C. FUNERAL DIRECTOR Charles R. Law

ADDRESS 802 Madison Ave.



IMPORTAN

DIRECTOR:

FUNERAL

66 10782 BALTIMOI	RE CITY HEALTH DEPARTMENT	6 10782
IRTH NO. MEDICAL EXAMIN	VER'S CERTIFICATE OF DEATH Registered No.	
A.E. CASE NO.		
NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEA	D
JAMES WILLS		1:20 P M
. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	A. STATE B. COUNTY	esidence before odmission
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	/E STREET Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL	and give township)
1212 Harlem Avenue	Baltimore / 6	21
1212 narrem Avenue	D. STREET ADDRESS (If rurol, give location)	
	1212 Harlem Avenue	1 1 1 1 1 1 1 1 1 1 1 1 1
Male Colored 7. Married, Never M WIDOWED, DIVORCED	ARRIED (Specify) B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 52	der 1 Yr. If Under 24 Hr s Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS	OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CI WI	TIZEN OF
Laborer HOSPILA	CALVET Co. Maryland	15A
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
GRARY WILLS	LILLIE MORLAND	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIA (es, na arunknown), (If yes, give wor or dotes of service) SECUR	ADDR	31- OATES S
NO 500	18-1762 ELDER RAUMAND. C. WILLS	ar office of
18.	CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH	Al Arteriosclerotic and Hypertensive	
(This does not mean the mode of dying, e.g., hear failure, asthenia, etc. It means the disease, injury or complication which coused death.)	Cardiovascular Disease	
injury or complication which coused death.		
ANTECENDENT CAUSES	191	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO	
UNDERLYING CONDITION LAST.		1 3 3
II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	PERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	
21A. EXTERNAL CAUSE WAS 21B, PLACE OF	INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, give exac	l locotion)
UTING CAUSE OF DEATH.	ctory, street, office bldg., INJURY OCCUR?	
OF INJURY	Y OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX.) WHILE AT	NOT WHILE	
22. I certify that I held an Inquiry anspect	· 🕅	
	rion 🔼 Autopsy 🔃 and that on this basis, death in my opin	lon
resulted from: Natural causes X Accident		lan
resulted fram: Natural causes X Accident	Sulcide Hamicide Undetermined manner	lon
ACTUAL PARTY TIME	Sulcide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER	DATE SIGNED
17/1/2	Sulcide Hamicide Undetermined manner	



23A. BURIAL CREMATION, 23B. DATE

23D. LOCATION

(City, town, or county)

23C NAME OF CEMETERY OF CREMATORY 248, NAME OF REGISTRAR

ADDRESS

VS 151-REV. 1/1/65

VS 151-REV. 1/1/65

DISCASS OR CONDITION DIRECTLY LEADING TO DEATH  This dees not meen the mode of dying e.g., had considered before to the death of the Death  Not the Death of the Death of the Death of the Death  Not the Death of th		CEASED		Kleinsch	midt.	2. DATE AND I	OUR PRONOUNCE	ED DEAD
Maryland General Hospital  Maryland General Hospital  Maryland General Hospital  Distance   Distanc	(Type or Print)			WXXXXXXXXXXX	XH			
Maryland General Hospital    C. CITY OR TOWN: If outside copporter limits, with RURAL and give beyanship:	3. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOL	UNCED DEAD			eased lived. If insti B. COU	itution: residence befare admission) INTY
Maryland General Hospital  D. STREET ADDRESS (If mod, give locason)  D. AGE (in your Marketo, Never Marketo Minowed, Divoractolspecify)  Male  White  Male  White  Married  D. AUSLA OCCUPATION (Give kind of wear)  Restaurant  Restaurant  Restaurant  T. AMBRIED, NEVER MARKETO  Aug. 16, 1902  64  Aug. 16, 1903  Aug. 16, 1902  64  Aug. 16	FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSP ADDRESS OR LOC	ITAL OR INSTITU CATION)	UTION, GIVE STREET	C. CITY OR TOW	RURAL and give township)		
Male White married widowed, pilovere marked widowed, pilovered part of which widowed, pilovered part of the married widowed, pilovered part of the married widowed, pilovered part of the married widowed, pilovered widowed,	10 Mar	ruland Conor	al Hospi	+ o1				
Male White No. USUAL OCCUPATION (Give kind of work) OB. RIND OF BUSINSS OR INDUSTRY)  Restaurant  Restaurant  Restaurant  Ta. And End years  Restaurant  Restaurant  Statine, Germany  L. MITER'S NAME  Otto Kleinschmidt  S. WAS DICEASED EVER IN U.S. ABMED FORCES?  S. SOCIAL  S. WAS DICEASED EVER IN U.S. ABMED FORCES?  S. SOCIAL  S. WAS DICEASED EVER IN U.S. ABMED FORCES?  S. SOCIAL  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LIFED AND TO DEATH  CAUSE OF DEATH  DISEASE OR CONDITIONS (S. SOCIAL  LIFED AND TO DEATH  INTERVAL BETWEEN  ON ATTECION CONDITIONS (S. SOCIAL  LIFED AND TO DEATH  CAUSE OF DEATH  OTHER SIGNIFICANT CONDITIONS (S. SOCIAL  LIFED AND TO DEATH  INTERVAL BETWEEN  ON ATTECION CONDITIONS (S. SOCIAL  CAUSE OF DEATH  OTHER SIGNIFICANT CONDITIONS (S. SOCIAL  LIFED AND TO DEATH  INTERVAL BETWEEN  ON ATTECION CONDITION OF THE DEATH ON THE ABOVE CAUSE (A. STATUM THE  OTHER SIGNIFICANT CONDITIONS (S. SOCIAL  COLUMBRY, THE ABOVE CAUSE (A. STATUM THE  UNDERLYING CONDITIONS (S. SOCIAL  COLUMBRY, THE ABOVE CAUSE (A. STATUM THE  OTHER SIGNIFICANT CONDITIONS (S. SOCIAL  COLUMBRY, THE ABOVE CAUSE (A. STATUM THE  OTHER SIGNIFICANT CONDITIONS (C. SOCIAL  COLUMBRY, THE ABOVE CAUSE (A. STATUM THE  OTHER SIGNIFICANT CONDITIONS (C. SOCIAL  COLUMBRY, THE ABOVE CAUSE (A. STATUM THE  OTHER SIGNIFICANT CONDITIONS (C. SOCIAL  COLUMBRY, THE ABOVE CAUSE (A. STATUM THE  OTHER SIGNIFICANT CONDITIONS (C. SOCIAL  COLUMBRY, THE ABOVE CAUSE (A. STATUM THE  OTHER SIGNIFICANT CONDITIONS (C. SOCIAL  COLUMBRY, THE ABOVE CAUSE (C. SOCIAL  COLUMBRY,	4	Tyland Gener	ar mospr	Lai	2 F	Riddle		
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The during most of working life, even if relired Resteurant Resteurant Is. MOTHER'S MAIDEN NAME  Otto Kleinschmidt  S. WAS DICEASED EVER IN U.S. ARMED FORCES? Tes, no or unknown, off yes, give wor or dotes of service)  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) Arteriosclerotic heart disease DI SEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) Arteriosclerotic heart disease  DISEASE OR CONDITION S. IF ANY, GIVING NOSE TO THE ADDY CAUSE OF DEATH  OTHER SIGNIFICANT CONDITIONS, IF ANY, GIVING NOSES TO THE ADDY CAUSE (A) STATING THE UNDERTRING CONDITION LAST.  (C) OTHER SIGNIFICANT CONDITION SONTRIBUTION DUE TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19. DATE OF OPERATION 19.8. CONDITION FOR WHICH OPERATION NO NO SEASE OR CONDITION CAUSING IT.  19. DATE OF OPERATION 19.8. CONDITION FOR WHICH OPERATION NO NO SEASE OR CONDITION CAUSING IT.  19. DATE OF OPERATION 19.8. CONDITION FOR WHICH OPERATION NO NO SEASE OR CONDITION CAUSING IT.  19. DATE OF OPERATION 19.8. CONDITION FOR WHICH OPERATION NO NO SEASE OR CONDITION CAUSING IT.  19. DATE OF OPERATION 19.8. CONDITION FOR WHICH OPERATION NO NO SEASE OR CONDITION CAUSING IT.  19. DATE OF OPERATION 19.8. CONDITION FOR WHICH OPERATION NO NO SEASE OR CONDITION CAUSING IT.  19. DATE OF OPERATION 19.8. CONDITION FOR WHICH OPERATION NO NO SEASE OR CONDITION CAUSING IT.  19. DATE OF OPERATION 19.8. CONDITION FOR WHICH OPERATION NO NO SEASE OR CONDITION CAUSES OF DEATH.  21. EXTERNAL CAUSE WE THE OPERATION 19.8. CONDITION FOR WHICH OPERATION NO SEASE OR CONDITION CAUSES OF DEATH.  22. Leverify that I held an Inquiry Inspection No. AND THE OPERATION NOT WHILE					Aug. 16,	1902		
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Otto Kleinschmidt  S. WAS DECEASED EVER IN U.S. ARMED FORCES?  Ves, no or unknown, (If yes, give wor or doles of service)  No  217–32–9706 Natt Levy, Park Hts, Extended N. of Beltws:  CAUSE OF DEATH  ONSET AND DEATH  (This does not mean the mode of dying, cophen of the mode of demb, individual complication which coursed deeth, individual complete to the properties of the mode	Restau	ranteur ME	Res	taurant	Statine.	Germany		U.S.A.
S. WAS DECEASED EVER IN U.S. ARMED FORCES?   G. SOCIAL SECURITY NO.   77. INFORMANT   ADDRESS   No.   No.   No.   10.   No.   No.   10.   No.								
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DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. EXTERNAL CAUSE WAS PERFORMED  NO IN CERTIFYING CAUSES OF DEATH?  NO WHERE DID (If in Baltimate City, give exact lacation) hame, farm, factory, street, office bidg., INJURY OCCUR?  1 DIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED  OF INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  CHIEF MEDICAL EXAMINER  ACTUAL  SIGNATURE  EXAMINER'S Charles S. Springate, M.D. ASSISTANT MEDICAL EXAMINER  OCTOBER 24, 1966  NAME (Type)  23A. BURIAL CREMATION, 23B. DATE  23C. NAME of CEMETERY of CREMATORY  23D. LOCATION (City, town, or county) (Stote)	DISEASES RISE TO TH UNDERLYI	HE ABOVE CAUSE (A) ING CONDITION LAS	STATING THE					
No    No   No     No	DISEASES RISE TO TH UNDERLY!!	HE ABOVE CAUSE (A) ING CONDITION LAS:  II SNIFICANT CONDITION	STATING THE	(C)				
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Certify that I held an Inquiry   Inspection   Autopsy   and that an this basis, death In my opinion	OTHER SIGN TO THE DISEASE OF THE DIS	HE ABOVE CAUSE (A) ING CONDITION LAS:  II SNIFICANT CONDITION DEATH BUT NOT I DR CONDITION CAUSI F OPERATION 198, CC WAS P	STATING THE T.  IS CONTRIBUTII RELATED TO T NG IT.  DNDITION FOR T ERFORMED  21B. home	NG THE WHICH OPERATION PLACE OF INJURY (e.g.,	No	HERE DID (If i	CERTIFYING CAUS	SES OF DEATH?
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BALTIMORE	CITY HEALTH	DEPARTMENT

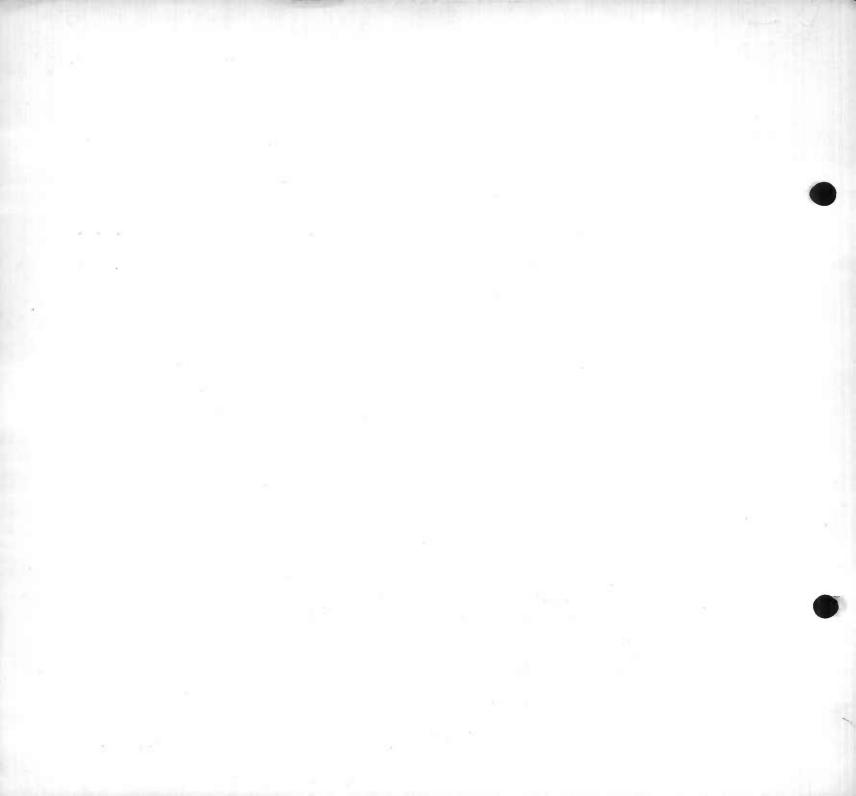
NAME OF DECEASED			· · ·	2. DATE AND HOUR PR	ONOUNCED DEAD	
Type or Print)		3/17000 437	be said			0.20 4
JOHN , PLACE IN BALTIMORE, MARYLAN		MURRAY	4. USUAL RESIDE	October 22	yed. If institution; reside	9:30 A M
			A. STATE	yland	B. COUNTY	
OSPITAL OR ADDRESS OR		UTION, GIVE STREET		N (If outside corporate	imits, write RURAL one	give township)
NSTITUTION			Bal	timore	9-0	
2539 Robb St	reet		D. STREET ADDRE	SS (If rural, give location	on)	
00				9 Robb Stree		
. SEX 6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	lost birt	hdoy) Months , D	Yr, If Under 24 Hi Poys   Hours   Min.
Male Negro	Marri	ed	3-11-10		56	
OA. USUAL OCCUPATION (Give kind one during most of working life, even if r		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN WHAT	COUNTRY?
Laborer 3. FATHER'S NAME	Nat'1	Detective Bur.	Sumter 14. MOTHER'S MA		U.S.A	
			Betty Fr			
John Murray 5. was deceased ever in u.s. 7	ARMED FORCES?	116. SO CIAL	17. INFORMANT	ALL LIL	ADDRESS	
es, no or unknown) (If yes, give wor		SECURITY NO.				01010
		704-16-7365		nie Murray 2		
1B.		CAUSE	OF DEATH			NTERVAL BETWEEN
DISEASE OR CONDITION				1 4		
(This does not mean the me	ode of dying, e.g.,	(A) Hyperi	censive an	d Arterioscl	erotic	,
heart failure, asthema, etc. It injury or complication which c	means the discose, oused death.)		diovascula	r Disease.		
ANTECENDENT (	Allege					
DISEASES OR CONDITIONS	S, IF ANY, GIVING	(B)DUE TO	8 8 9 9 A 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	«««»«»» ««««» «»» «»» «»» «»» «»» «»» «		
RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	(A) STATING THE				3.013 3.51	
Z		(C)		***************************************	***************************************	
OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTE	NG			1000	
TO THE DEATH BUT N	OT RELATED TO					
DISEASE OR CONDITION CA		WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 208. IF YES	, WERE FINDINGS CO	N SIDERED
Ö O	AS PERFORMED		No	IN CERTIFY	ING CAUSES OF DEA	TH?
21 A. EXTERNAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. W	HERE DID (If in Boltime	ore City, give exoct loc	otion)
UNDERLYING OR CONTRIB-	etc.)	e, form, factory, street, o	mce biog., INJURT	OCCUR?		
21D TIME (Month) (Doy)	(Yeor) (Hour)	21E. INJURY OCCURRED	21F. HO	W DID INJURY OCCUR	1?	
OF INJURY (APPROX.)		WHILE AT NOT	WHILE			
22.		WORK L AT W				
I certify that I held	an Inquiry 🔲	Inspection X Aut	apsy and	that an this basis, o	leath in my apinian	
	ral causes X	Acctdent Suicide			ned manner	
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		ces un	ASSISTANT ME	DICAL EXAMINER	X	
ACTUAL SIGNATURE	racle ) 1	M. D.			product	10/22/66
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ACTUAL SIGNATURE EXAMINER'S	rles S. Pet				(City, town, or co	
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Chai	ATE 23	ty, M.D.	CREMATORY	23D. LOCATION	(City, town, or co	
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Chai	-27-66 23	ty, M.D.	CREMATORY	23D. LOCATION A.A. CO.	(City, town, or co	

IMPORTANT

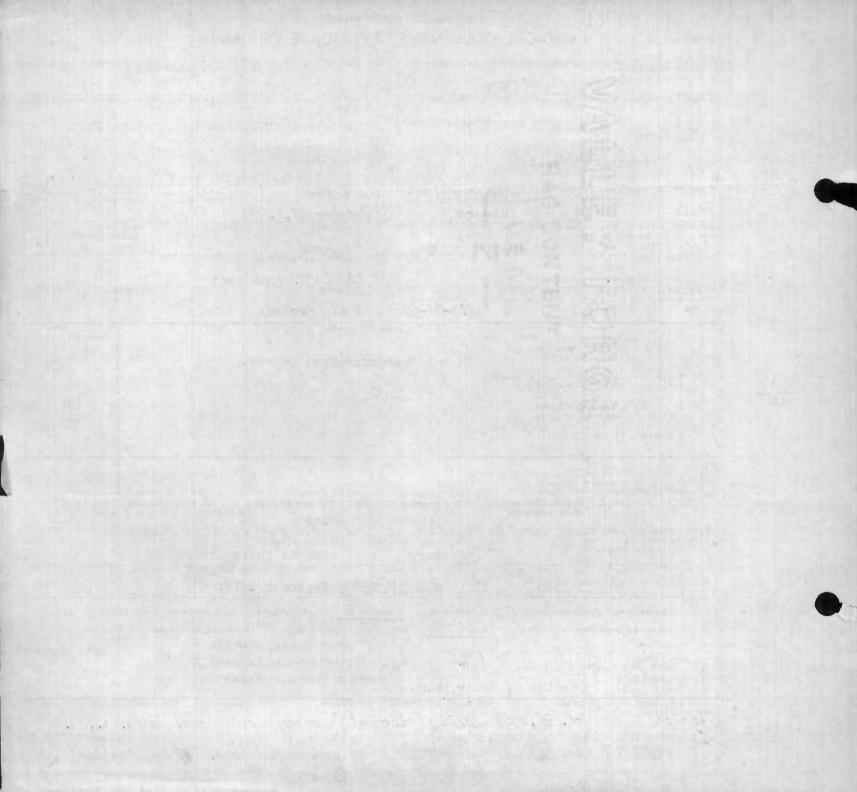
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

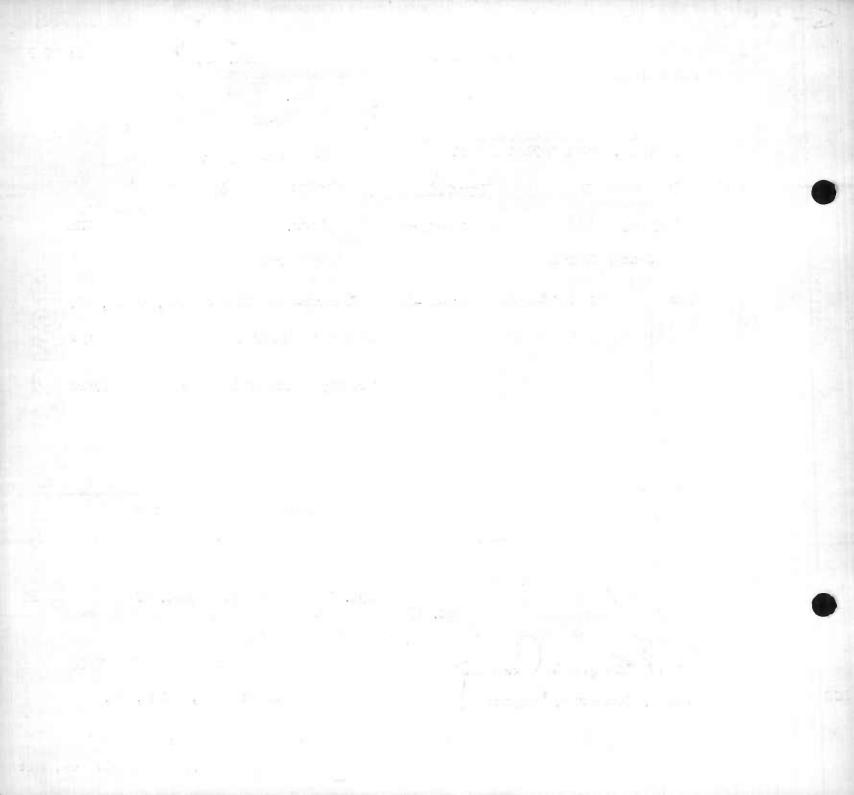


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BIRT	H NO.	MEDI	CAL EX	CAMINER'S CE	RTIFICAT	TE OF I				
M.E	CASE NO.									
1. 1	NAME OF DE		0.1			2. DATE AN	D HOUR PRONOUNC	ED DEAD		
(1)	ie or riinir	HARRY	Richard	CLARK		Octob	er 23, 1966		3:50 A	M
3. P	LACE IN BAL	TIMORE, MARYLAND, WI	HERE PRONOL	JNCED DEAD	A. STATE	ryland	deceosed lived. If inst B. COL	itution: reside	ence before a	dmi s sio
FUL	L NAME OF	(IF NOT IN HOSPITAL ADDRESS OR LOCAL	L OR INSTITU	JTION, GIVE STREET		-	e corporate limits, write	RURAL on	d give lownsh	ip)
INS	TITUTION	7,55,123, 51, 100			Pa	1timore			02	-
1	O IInd	wordity Wooni	t o 1		D. STREET ADD			0		
13	8 0111	versity Hospi	Lai	Tel No. of the			att Street			
5. S	EX	6. RACE			B. DATE OF BIRT		9. AGE (In years	If Under	1 Yr. If Under	r 24 Hr
7	fale	White	Divo.	DIVORCED (specify)	Oatoban	21 100	[ last birthdoy)	Months, I	Doys Hours	Min.
_		UPATION (Give kind of work			October 1	(State or foreig	on country)	12. CITIZE	N OF	
don	during most of	working life, even if retired)	C .		M/	_1		WHAT	COUNTRY?	
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		0 01 1			1.11.	At T	, ,			
16.1		ry R. (Lark ED EVER IN U.S. ARMED	FORCES?	16. SO CIAL	Lillie 1	M. Iwin	baugh	ADDRESS		
		n) (If yes, give wor or dote		SECURITY NO.	-			ADDRESS		
	No	None		213-01-5807	Family R	ecords				
	1B O	524(3		CAUSE	OF DEATH				INTERVAL BE	
	DISEA	SE OR CONDITION DI	ECTI V						ONSET AND	DEATH
	DIJLA	LEADING TO DEATH	CLCILI	(A) Crani	ocerebra1	Injury				
	(This does	not meon the mode of	dying, e.g.,	DUE TO			***************************************		*****************	
	injury or co	emplication which caused a	deoth.)					1000		
		ANTECENDENT CAUSE	S							
		OR CONDITIONS, IF A		(B) DUE TO						
	RISE TO TH	TE ABOVE CAUSE (A) ST NG CONDITION LAST.	ATING THE							
Z	ONDEREN	NO CONDINON EASI.		(C)					•	
		li li			F-11-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0					
S		INIFICANT CONDITIONS						5000		
Ē		DEATH BUT NOT REL OR CONDITION CAUSING		nc		vo +			**************************************	
CERTIFICATION	19A. DATE O	F OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	20B. IF YES, WERE FI			
O	2	WAS PER	OKMED		Yes	3	IN CERNIFTING CAU	SES OF DEA	Ye	S
X	21 A. EXTERNA	DOR CONTRIB-	21 B.	PLACE OF INJURY (e.g., i	n or obout 21C. V	WHERE DID	(If in Boltimore City, gi	ve exoct loc	cotion)	
MEDICA		USE OF DEATH.	etc.)	Factory			tt Street	Lef -	000	
Σ	21D TIME	(Month) (Doy) (Year	) (Hour) 2	TE. INJURY OCCURRED		ITHI DID WO				
	OF INJURY (APPROX.)	10 21 '66		WHILE AT X NOT W		arent f				
	22.	rtify that I held on I				d that on th	is bosis, death in r	my onlnion		
			-				Undetermined monn			
	resu	Ited from: Notural cou	Jses A	Acciden X Suicide				er 🔛		
	ACTUA	0/	,	11-			(AMINER		DATE SIG	NED
	SIGNAT		elles !	Telly M.D.	ASSISTANT M				10/23/6	56
	EXAM!		es S. Pe	etty, M.D.	ASSOCIATE M	MEDICAL E	XAMINER		10/25/0	
	BURIAL CR	EMATION, 238. DATE	23	C. NAME of CEMETERY of	CREMATORY	23 D. L	OCATION (City	, town, or co	county) (	(Stote)
	AOVAL (Speci	Uct. 20	5,1966	Trinity Episa	pal (eme	tery L	ong Green, L	Balto. (	Co., Md.	
24/	DATE REC'E	T 27 1966	Cert &	Touteu M.	John	Burns 1	Sons, Towso	on, Ma	ryland	
			0	6 6 6 7	7 0 7	00			J	
VS	151-REV. 1/1	/65	101	yes yes and	0 1	2 Q				



	OO ALIMONI		BALTIMORE CITY	HEALTH DEPARTMENT	1	66 10787
IRTH NO.	66 10787		CERTIFICA	TE OF DEATH	Registered No.	00 10707
NAME OF				2 DATE AN	D HOUR OF DEATH	
Type or Print)	KIRBY, CHARL	EC H				1 030
. PLACE OF	DEATH IN BALTIMORE, MARYL	AND		14. USUAL RESIDENCE (When	SER 25,196	stitution: residence before admission)
				A. STATE B. COUN	TY	C1 0 19
FULL NAM		institution, g	ive street	MARYLAND		4146
HOSPITAL (	N				side city limits, write 1	RURAL and give township)
ST. A	GNES HOSPITAL			GLEN BURNIE		32-00
CATON	AND WILKENS A	VE NUE	S		rural, give facation)	
BALTII	MORE, MARYLAND	2122	9	112 MAIN AVEN	WE, S.E.	
. S EX	6. RACE 7.		NEVER MARRIED , DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALE	WHITE		RIED	12/20/94	71	
	CCUPATION (Give kind of work 10	B. KIND OF	BUSINESS OR INDUSTRY		gn country)	12, CITIZEN OF
	st of working life, even if retired)			MARYLAND		WHATSCOUNTRY?
RET IRI		NONE		14. MOTHER'S MAIDEN NAM	AF	
				MOTHER'S MAIDEN HAM	VI E	
WILLIA	MA			EMMA HARTMAN		
. Wos Deced	sed Ever in U. S. Armed Forces own) (If yes, give war or dates o	f service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Copine of Other		30171007	SECORIT NO.	ST ACMES USOF	ITAL DECO	DDC
18.	UNKNOWN		CAUSE O	ST. AGNES HSOP	TIAL RECU	INTERVAL BETWEEN
1			CAUSE	DEATH		ONSET AND DEATH
DIS	EASE OR CONDITION DIRECT	TLY	6000	INVA OF DE	7 7 1 1 1 1 T	TAN
(This doe	s not mean the mode of dy	ving, e.g.,	DUE TO	INDING OF BO	JUY HIVO	TAIL EF METASTASIS
heart faile	ure, osthenia, etc. It means th	e disease,	OFP	ANCREAS WIT	H WOLTIP	EL METASTASIS
injury or	complication which coused de	eoin.)	INC	LLUDING LIVE	R, SPLEEN	MESENTERY
	ANTECEDENT CAUSES		DUE TO	AND RECTUM	AND STON	YMCH -
	OR CONDITIONS, if on					
	the above couse (A) st	dling ine	(C)			
	- 11		· · · · · · · · · · · · · · · · · · ·			
OTHER S	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	NTRIBUTING	3			
TO THE	DEATH BUT NOT RELATE OR CONDITION CAUSING IT.	D TO TH				
	OF OPERATION 198. CONDIT		WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE	WAS PERFO				IN CERTIFYING CA	USES OF DEATH?
21A. ACC	IDENT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	n or obout 21C. WHERE DID	(If in Baltimore	e City, give exact location)
OR CONT	RIBUTING CAUSE OF	hom etc.)	e, form, foctory, street, of	fice bldg., INJURY OCCUR?		.,
2	otity medical examiner)					
21 D. TIME			INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		Whi	le At Not Whit			
22 1	tify that 💢 (this hospital) c			65-C-25-E-1	9 66 10 OCT	ODED 25 10 66
ZZ. I Cer	tity that (A) (this hospital) o we) lost saw the deceased	O	CTORER 25			
		-0.00			at in (m(y) (our) api	nion death occurred on the dot
and hour	and fram the couses stated	abave. (1	X(Me) (q1q) (MXXX)X	iew the body ofter deoth.		
23A. SIGN	ATURE	11				23B. DATE SIGNED
	Much	000	M.D. Atte	ending Med. Director	Stoft Phys.	
23C. PHYS	ICIAN'S JUAN J. C	APDED.		23D. ADDRESS	111731 123	
23C. PHYS		TORLIN				
	JUAN	-	CABREM			
4A. BURIAL REMOVA	CREMATION, 248. DATE	24C. NA	ME of CEMETERY or CRI	MATORY 24D. LO	OCATION (C)	ity, town, or county) (State)
		6 0-1	lawa Camal		4.4	
Buria	C'D BY HEALTH DEPT. 25	B. NAME C	lawn Cemetery	2SC. FUNERAL DIRECTOR	timore, Bal	timore, Address
	OCT 27 1966 ()	008	E Fallemin	70000	1	
/C 160 DC\/ 3		NAME OF	C' Amorea as	1100011 16-130	E. Fort Av	e. Balte. Md
/\$ 150-REV. I	/1/03					

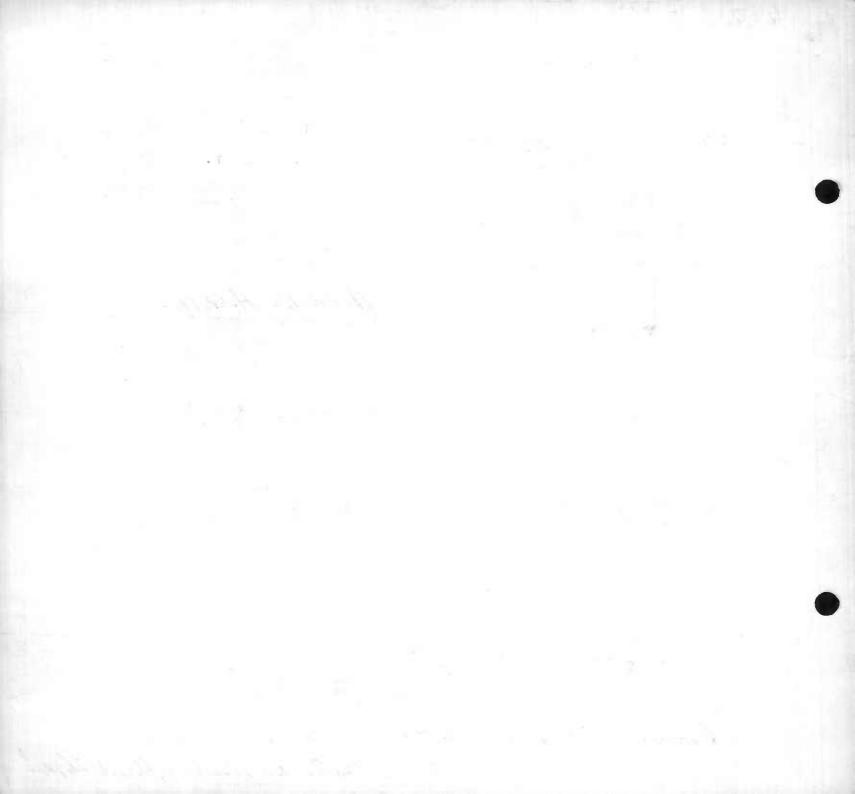
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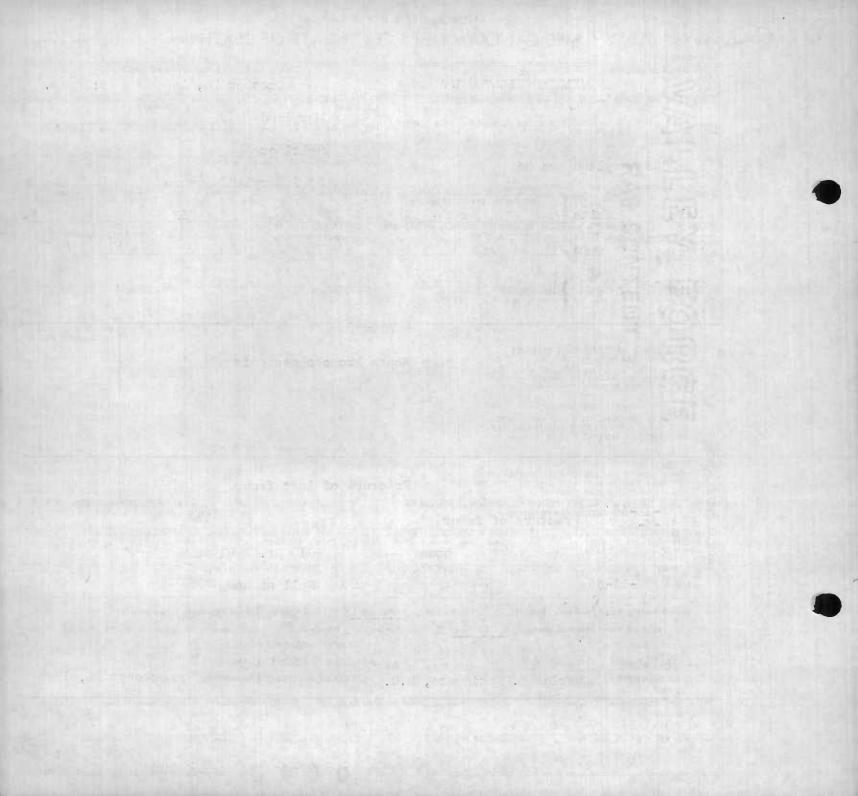
DIRECTOR:

FUNERAL



## B-452 BIRTH NO. 10790 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 10790

BIRTH NO. MEDICAL EXAMINER 3 CI	EKTIFICATE OF DEATH Registered No. 00 11/00
M.E. CASE NO.	
(Type or Print) WILLIAM BILLINGSLEY	October 24, 1966 9:28 A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
00 2305 Maryland Avenue	Baltimore D. STREET ADDRESS (If rurol, give locotion)  2305 Maryland Avenue
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Male White DIVORCE 4	B. DATE OF BIRTH  9. AGE (In years of Doys Hours of Min.)  18/19/15  9. AGE (In years of Doys Hours of Min.)
done during most of working life, even intelired)  ARAPEMURE Home Business OR INDUSTRY	May Land WHAT COUNTRY
Charles W Billings Ldg	Bertha Corbin
15. WAS DECEASED EVER IN U.S. ARM ED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service)  SECURITY NO.	Bertha Shannon 120 E 36 # ST
IB. 12 Y T CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ONSE! AND DEATH
LEADING TO DEATH  (This does not mean the mode of dying, e.g., DUE TO	e bronchopneumonia
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.)	
ANTICINDENT CAUCIC	
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II III	
E DISEASE OR CONDITION CAUSING II.	ture of left femur
10-5-66 Fracture of Tenur	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., home, form, foctory, street, or etc.)  10 TIME (Month) (Dov) (Year) (Hour) 21E. INJURY OCCURRED	in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?  2010 St. Paul Street
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?
(APPROX.) 2-11-66	while X Fell at home
22.	topsy 🛮 ond that on this bosis, death in my opinion
resulted from: Notural couses Accident X Suicide	
ACTUAL Charle S. Sont M.D.	CHIEF MEDICAL EXAMINER  DATE SIGNED ASSISTANT MEDICAL EXAMINER
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER October 24, 1966
236. BURMAL CREMATION, 238. DATE 23C, NAME of CEMETERY of REMOVA. (Specify) 10/26 6 7 P. 124A. DATE REC'D BY HEALTH DEPT. 124B. NAME OF REGISTRAR	23D. LOCATION (City, town, or county) (Stote)
OCT 27 1966 Reset & Forher	Charles of Evans 8802 HARTON
VS 151-REV. 1/1/65 A	0000



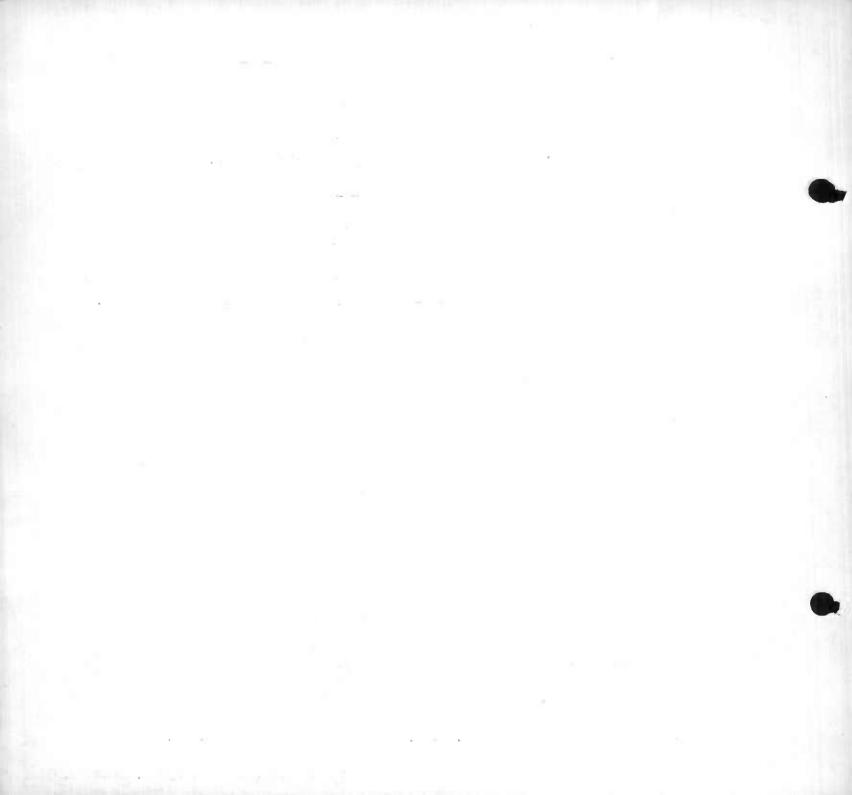
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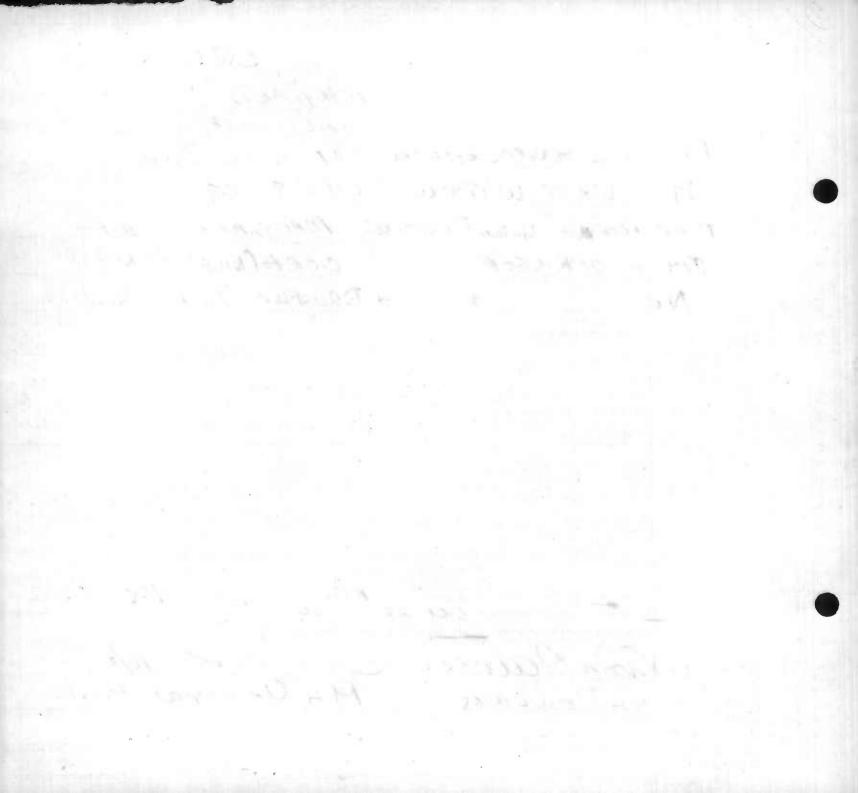
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ALCASE NO.  1. NAME OF DECEASED  1. NAME OF DECEASED  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION  Lutheran Hospital  5. SEX  6. RACE  7. MARRIED, NEVER MARRIED  WIDOWED, DIVORCED(specify)  Male  Negro  10. USUAL OCCUPATION (Give kind of work 108. Kind of Business or Industry)  10. USUAL OCCUPATION (Give kind of work 108. Kind of Business or Industry)  Laborer  13. FATHER'S NAME  Jack  Roper  14. Mother's Malden Name  14. Mother's Malden Name  22. Date and Hour Pronounced Dead  A. USUAL RESIDENCE (Where deceased lived, II institution: residence before odmission and the second lived in the second lived in the second lived in the second lived. II institution: residence before odmission and the second lived. II institution: residence before odmission and the second lived. II institution: residence before odmission.  A. USUAL RESIDENCE (Where deceased lived, II institution: residence before odmission.  Maryland  C. CITY OR TOWN (If outside corporate limits, write RUBAL-and give loweshin).  Baltimore  D. STREET ADDRESS (If rure, give locoson)  212.9 Mt Holly Street  8. DATE OF BIRTH 9. AGE (in years life limits).  Months: Doys: Hours, Main. Months:
Type or Print    JAMES   ROPER   October 20, 1966   7:30 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD HOSPITAL OR INFORMATION ADDRESS OR LOCATION)  FULL NAME OF HOSPITAL OR INSTITUTION. GIVE STREET INSTITUTION  Lutheran Hospital  5. SEX  6. RACE Negro  Male Negro  Negro  No  Negro  No  No  No  No  No  No  No  No  No
Lutheran Hospital  Lutheran Hospital  Lutheran Hospital  S. SEX  S. SEX  Male  Negro  No  No  Lutheran Hospital  C. City or town (if outside corporate limits, with RUAL and give township)  Baltimore  D. Street Address (if rural, give location)  2129 Mt Holly Street  S. SEX  Male  Negro  No  No  No  No  C. City or town (if outside corporate limits, with RUAL and give township)  Baltimore  D. Street Address (if rural, give location)  2129 Mt Holly Street  No No  No  No  No  No  C. City or town (if outside corporate limits, with RUAL and give township)  Baltimore  D. Street Address (if rural, give location)  2129 Mt Holly Street  No  No  No  No  No  No  No  C. City or town (if outside corporate limits, with RUAL and give township)  Baltimore  D. Street Address (if rural, give location)  2129 Mt Holly Street  Nonstr Ander 14 House 15 House 15 House 15 House 16 House 1
Lutheran Hospital  D. STREET ADDRESS (If rurol, give locotion)  2129 Mt Holly Street  5. SEX  6. RACE  Male  Negro  IOA. USUAL OCCUPATION (Give kind of work loss. KIND OF BUSINESS OR INDUSTRY)  IOA. USUAL OCCUPATION (Give kind of work loss. KIND OF BUSINESS OR INDUSTRY)  Laborer  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service)  NO  18.  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) Cerebrocranial injuries  (A) Cerebrocranial injuries
S. SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years lost birthday)   10. DivorceD (specify)   10. USUAL OCCUPATION (Give kind of work lost working life, even if relired)   10. USUAL OCCUPATION (Give kind of work lost working life, even if relired)   10. USUAL OCCUPATION (Give kind of work lost working life, even if relired)   10. USUAL OCCUPATION (Give kind of work lost working life, even if relired)   10. USUAL OCCUPATION (Give kind of work lost working life, even if relired)   10. USUAL OCCUPATION (Give kind of work lost working life, even if relired)   10. USUAL OCCUPATION (Give kind of work lost birthday)   10. USUAL OCCUPATION (Give kind of work lost lost birthday   10. USUAL OCCUPATION (Give kind of work lost lost birthday   10. USUAL OCCUPATION (Give kind of work lost lost birthday   10. USUAL OCCUPATION (Give kind of work lost lost birthday   10. USUAL OCCUPATION (Give kind of work lost lost birthday   10. USUAL OCCUPATION (Give kind of work lost lost birthday   10. USUAL OCCUPATION (Give kind of work lost lost birthday   10. USUAL OCCUPATION (Give kind of work lost lost birthday   10. USUAL OCCUPATION (Give kind of work lost lost birthday   10. USUAL OCCUPATION (Give kind of work lost lost birthday   10. USUAL OCCUPATION (Give kind of work lost lost birthday   10. USUAL OCCUPATION (Give kind of work lost birthday   10. USUAL OCCUPATION (Give kind of work lost birthday   10. USUAL OCCUPATION (Give kind of work lost birthday   10. USUAL OCCUPATION (Give kind of work lost birthday   10. USUAL OCCUPATION (Give kind of work lost birthday   10. USUAL OCCUPATION (Give kind of work lost birthday   10. USUAL OCCUPATION (Give kind of work lost birthday   10. USUAL OCCUPATION (Give kind of work lost birthday   10. USUAL OCCUPATION (Give kind of work lost birthday   10. USUAL OCCUPATION (Give kind of work lost birthday   10. USUAL OCCUPATION (Give kind of work lost birthday   10. USUAL OCCUPATION (Give kind of work lost birthday   10. USUAL OCCUPATION (Give kind of work lost birthd
Male Negro Widowed 8/29/97 69  10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country done during most of working life, even if relired)  Laborer  13. FATHER'S NAME  Jack Roper  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (Iff yes, give wor or doles of service)  NO  16. SOCIAL SECURITY NO. 217-52-5737 Miss Claudia Gould P 0 Box 300, Ny I  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying e.g., hear foliure, osthenio, etc., It means the disease, but To  DUE TO  CAUSE OF DEATH  (A) Cerebrocranial injuries  DUE TO
done during most of working life, even if relired)  Laborer  13. FATHER'S NAME  Jack Roper  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (Iff yes, give wor or doles of service)  No  16. SOCIAL SECURITY NO. 217-52-5737  Miss Claudia Gould P 0 Box 300, NyY  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying e.g., hear foliure, osthenio, etc., It meons the disease, hear foliure, osthenio, etc., It meons the disease,
Charleston S Carolina U S A
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknown) (If yes, give wor or doles of service)  No  16. SOCIAL SECURITY NO.  217-52-5737  Miss Claudia Gould P 0 Box 300, NyY  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying e.g., bent follow, osthenio, etc., It meens the disease, bent follow, osthenio, etc., It meens the disease, but To
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknown) (If yes, give wor or doles of service)  No  16. SOCIAL SECURITY NO.  217-52-5737  Miss Claudia Gould P 0 Box 300, NyY  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying e.g., bent follow, osthenio, etc., It meens the disease, bent follow, osthenio, etc., It meens the disease, but To
No    18.   CAUSE OF DEATH   INTERVAL BETWEEN ONSET AND DEATH    DISEASE OR CONDITION DIRECTLY LEADING TO DEATH   Cerebrocranial injuries
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying e.g., heart foilure, estenio, etc., It means the disease, heart foilure, estenio, etc., It means the disease,
LEADING TO DEATH  (This does not meen the mode of dying e.g., heort foilure, osthenio, etc. It meens the disease, DUE TO
(This does not mean the mode of dying, e.g., heart foilure, a sthering, etc., it means the disease,
ANTECENDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO DUE TO
UNDERLYING CONDITION LAST.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  IPA. DATE OF OPERATION WAS PERFORMED  (C)
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION Yes 19A. DATE OF OPERATION WAS PERFORMED Yes 19A. DATE OF OPERATION (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS UNDERLYING XOR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg. HOME  2129 Mt. Holly Street
Home 2129 Mt. Holly Street    Time   (Month) (Doy) (Year) (Hour)   21E, INJURY OCCURRED   21F, HOW DID INJURY OCCUR? Programs 1.5. 5.11
between 12:30A between 12:30A
22.
I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion  resulted from: Natural couses Accident X Suicide Homicide Undetermined manner
resulted from: Natural couses Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER
SIGNATURE CALL DE SANDA ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER October 21, 1966
onalles b. splingale, M.D.
NAME (Type)  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)

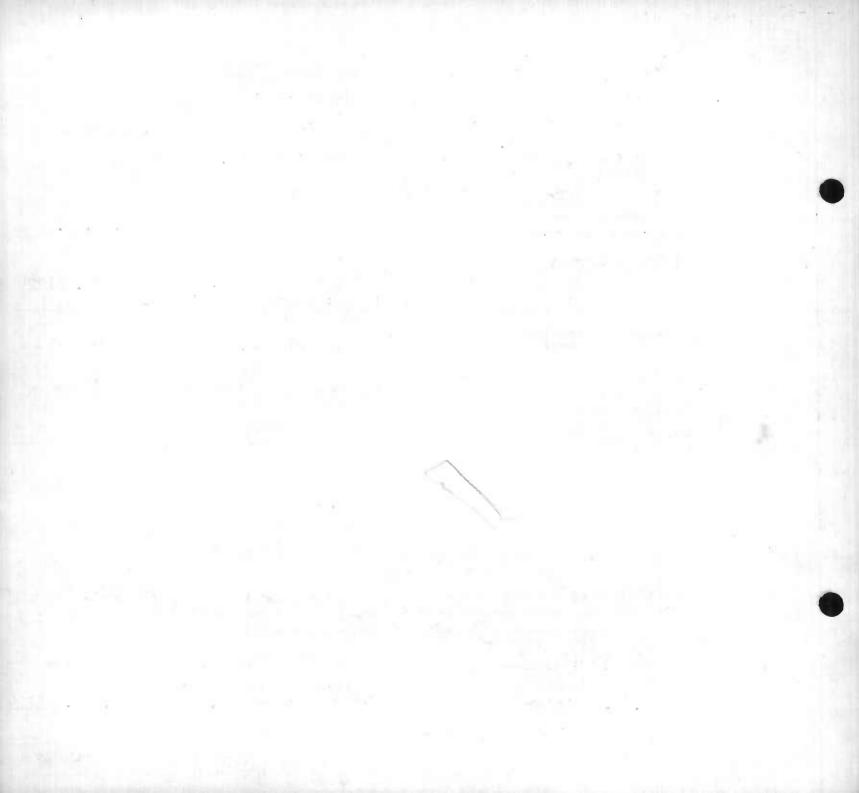
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RALLIMORE	CITY	HEALIH	DEPARTMEN'

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66	10797		BALTIMORE CITY HEA			66 10797
BIRTH NO.	MEDI	CAL EX	KAMINER'S C	ERTIFICATE C	F DEATH Registe	ered No.
M.E. CASE NO.	CEASED			12 DAY	E AND HOUR PRONOUNC	TED DEAD
(Type or Print)	MELVIN		KENNARD	00	tober 24, 1966	3:20 A <sub>N</sub>
FULL NAME OF HOSPITAL OR INSTITUTION	ctimore maryland, w  (IF NOT IN HOSPITAL ADDRESS OR LOCA		UTION, GIVE STREET  (DOA)	A. STATE Marylan C. CITY OR TOWN (IF Baltimo D. STREET ADDRESS (II	d B. COL outside corporate limits, write ore frurol, give location)	strution: residence before odmissio UNTY e RURAL and give lownship)
5. SEX Male	6. RACE Negro	WIDO WED.	NEVER MARRIED DIVORCED (specify) ngle	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Months, Doys Hours Min.
	CUPATION (Give kind of work f working life, even if retired) ************************************	Fact		Baltimor  14. MOTHER'S MAIDEN	e Md	12. CITIZEN OF WHAT SOUNTRY?
## Will		FORCES?	16. SO CIAL SECURITY NO.	Lillie M	cKnight	ADDRESS 07 Homestead St
DISEASES RISE TO TH UNDERLYI	not mean the mode of control of the course o	the disease. death.)  S NY, GIVING TATING THE	(C)	tabwound of ch		
21A, EXTERNA UNDERLYING UTING CAL 21D TIME OF INJURY (APPROX.)	abo	DITION FOR FORMED  21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street, sidewalk	Yes in or obout 21C, WHERE I office bldg, INJURY OCCU 1200 V	OF INJURY OCCUR?	SES OF DEATH?
ACTUA SIGNAT EXAMII NAME (	NER'S Charles	S. Spr:	Accident Suicle M.D.  Ingate, M.D.	Homicide X  CHIEF MEDICA  ASSISTANT MEDICA  ASSOCIATE MEDICA	L EXAMINER 0	DATE SIGNED October 25, 1966
23A, BURIAL CRI REMOVAL (Special Burial 24A, DATE REC'D	10/29	1/66	Mt. Calvary OF REGISTRAR	Cemetry  24C. FUNERAL DIRE	A A County	Md  ADDRESS
VS 151-REV. 1/1	OCT 27 1985		5 E. Farbuma	Adolphus	Halstead 120	

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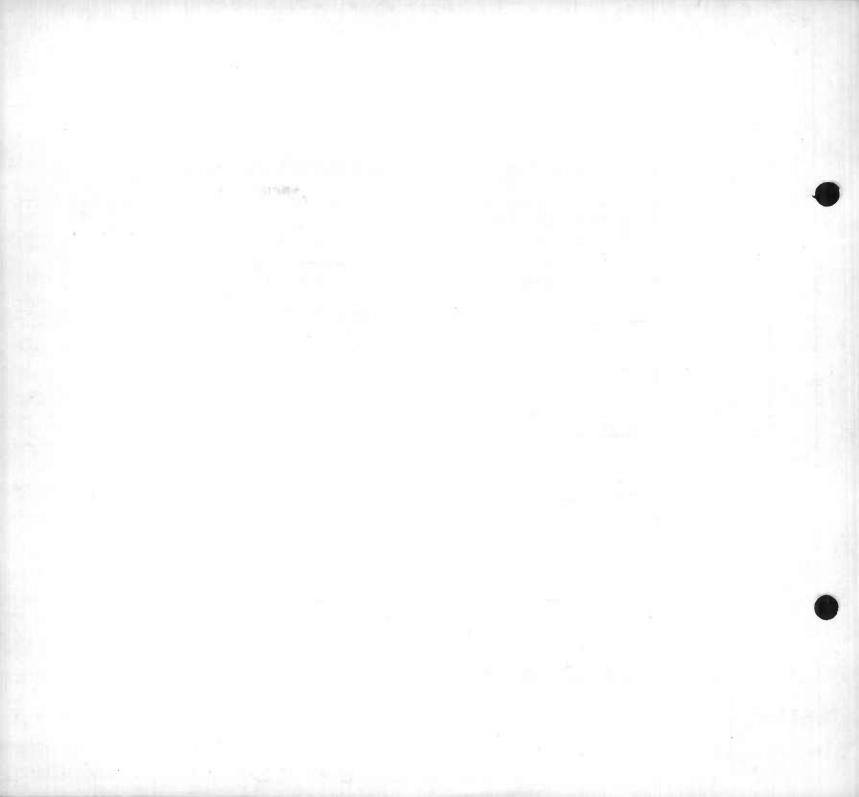


66 10799 CERTIFICATE OF DEATH BIRTH NO. of death M.E. CASE NO. 2. DATE AND HOUR OF DEATH L. NAME OF DECEASED (Type or Print) USUAL RESIDENCE (Where deceased lived, tf institution; residence before admission)

STATE

8. COUNTY Mattie Cheek (If outside city limits, write BURAL and give township) Payson Street If Under 1 Yr. Months Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? S. A. U. ADDRESS INTERVAL SETWEEN Year 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) Octo ber ...and that in (my) (ass) apinian death accurred an the date the body was released 23 B. DATE SIGNED eceased shows: SID ADDRESS 3 0

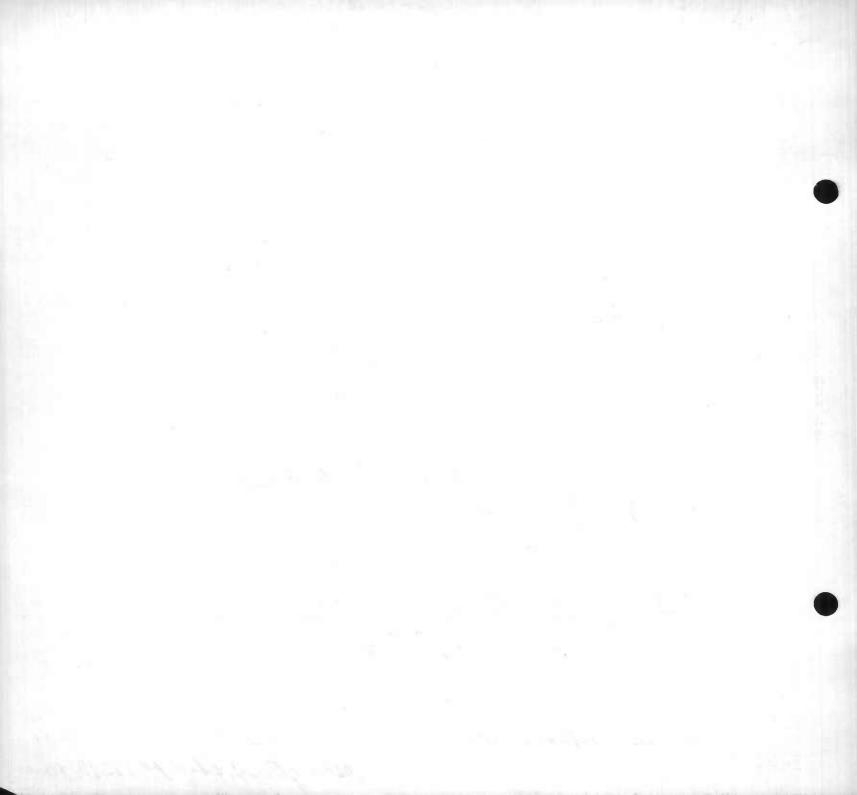
BALTIMORE CITY HEALTH DEPARTMENT



IMPORTAN

DIRECTOR:

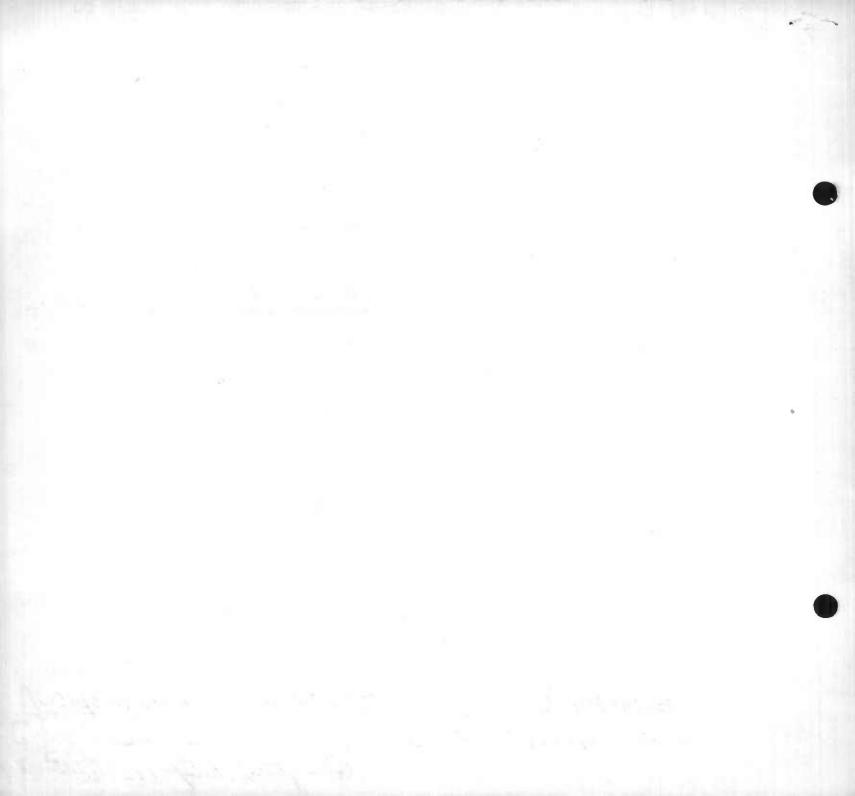
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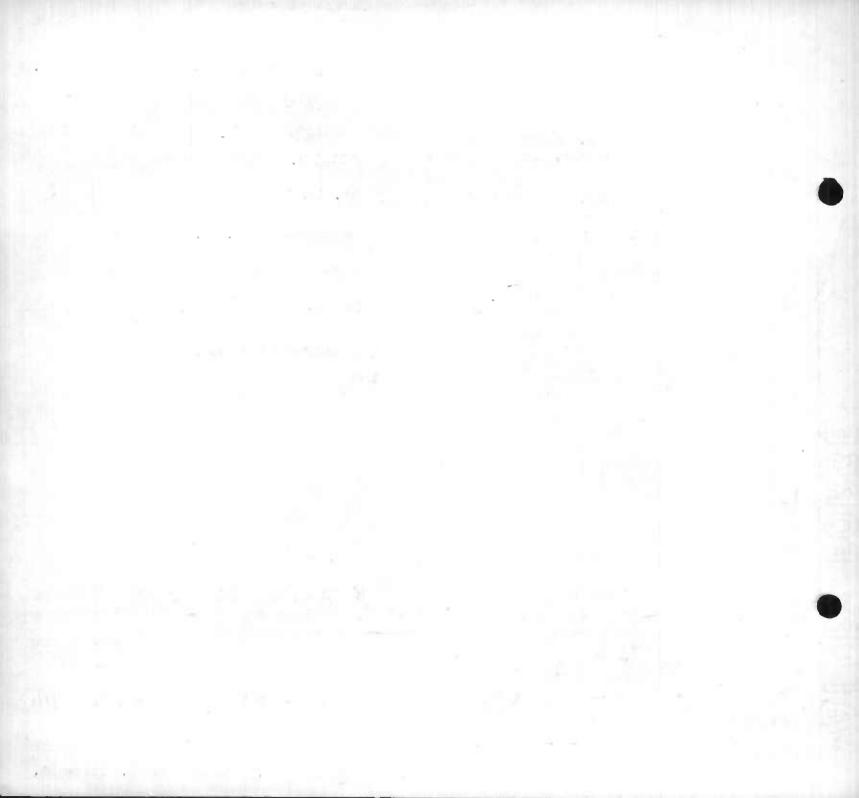
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DIRECTOR:

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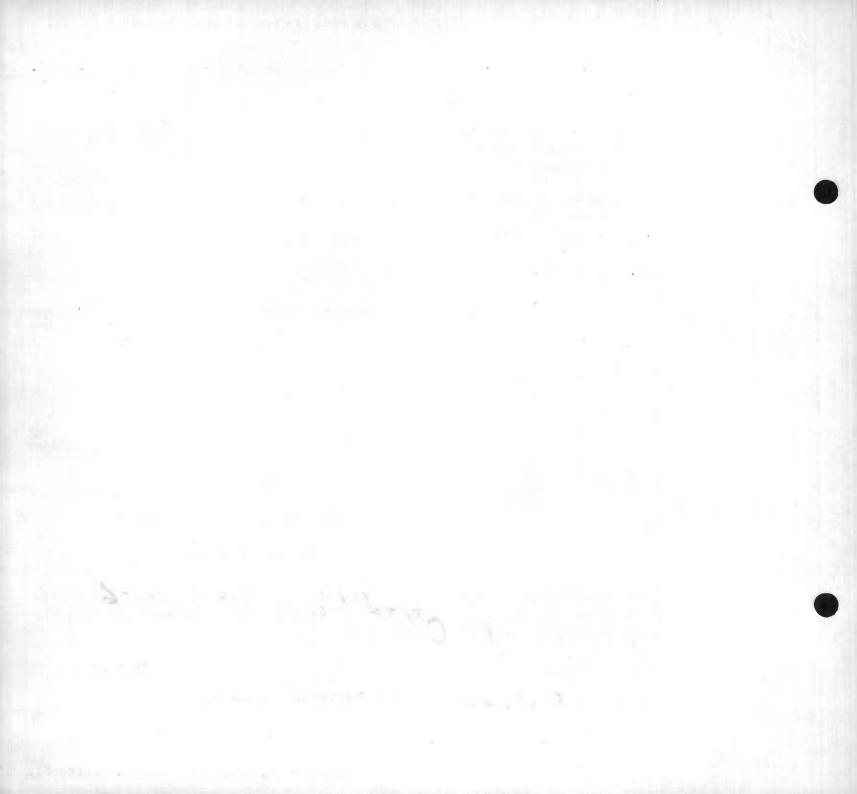


	00 4000	9 BALTIMORE CIT	Y HEALTH DEPARTMENT	., 66 10802
BIRTH NO		CERTIFICA	ATE OF DEATH Registere	d No. OU LUGUE
M.E. CAS	SE NO. OF DECEASED		2. DATE AND HOUR OF I	DEATH
Type or	Print)		0.4-3	30//   2.20   4   44
. PLACE	Madorah Cole of DEATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (Where deceased IN.	ed. If institution: residence before admission)
E1111	NAME OF All not in hospital	or institution, give street		
HOSPI	NAME OF (If not in hospital TAL OR oddress or location UTION		C. CITY OR TOWN (If outside city fimits,	, write RURAL and give township)
142111			Baltimore	16-07
1	,	ayette Avenue	D. STREET ADDRESS (If rurol, give located)	tion)
0	Baltimore, N	Maryland 21217	1723 W. Lafayette A	venue
. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In year lost birthdoy)	
Fems	ole Colored		Jan. 12, 1900 66	
		Married	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ng most af working lile, even if retired)		Anna Anna 3-3 Ca M3	USA
	ISEWITE ERS NAME		Anne Arundel Co. Md.	ODA
]	Paul Sharps		Ceclia Evans	ADDRESS
5. Wos l	Deceased Ever in U.S. Armed For runknown)(If yes, give wor or dote	orces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	VDDKE22
			Leonard Cole 1723	W. Lafavette Avenue
18.	422.11	CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DI	IRECTLY	2	
	LEADING TO DEATH	(A)	C valvular desirare	of 18 mortes
	s does not meen the made of it failure, asthenia, etc. It means			
	y or camplication which caused		eart	
	ANTECEDENT CAUSES	S (B)	TOTAL CONTROL OF A STREET HERE AS A RESIDENCE OF A STREET HERE AS A STREET	
DIS	EASES OR CONDITIONS, if			
rise	to the abave cause (A)			
UNI	DERLYING CONDITION last.			
7	II II			
Y TO	THE DEATH BUT NOT REL	ATED TO THE		
	DATE OF OPERATION 198. CON	IT. NDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES,	WERE FINDINGS CONSIDERED
DI 19A.	WAS PER	REFORMED	IN CERTIFY	NG CAUSES OF DEATH?
21 A.	ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.		Baltimore City, give exact location)
OR	CONTRIBUTING CAUSE OF TH (notify medical examiner)	home, form, foctory, street,	office bldg., INJURY OCCUR?	
0			OLE HOW DID INTURY OCCUPA	
	MME (Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED  While At   Not W	21F. HOW DID INJURY OCCUR?	
< (APP	PROX.)	Work At Wo	rk L	1
22.	I certify that (1) (this hospita	al) ottended the deceased from	October 12 1966 10	Belover 2 4, 1966
	(1) (we) lost sow the deceas	A STATE OF THE PARTY OF THE PAR	10	opinion death occurred on the do
-		oted above. (1) (We) (did) ( <del>dtd net</del>	- view the bady after death.	23B. DATE SIGNED
23A.	SIGNATURE O Y	in by M.D.	Attending Med. Stoff	
	win o Li lar		hys. Director Phys.	10-24-48
23 C.	PHYSICIAN'S NAME (Type)	1	23D/ADDRESS	in the land
72	HNFTCA	MPER M.D. M.	0 639 N CAREV ST	. BALTON, MD
	RIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION	(City, town, or county) (State)
RE/	MOVAL (Specify)		2.11	Manus and
	rial 10-28-	66 Mt. Arburn Cen	netery Baltimore	Maryland ADDRESS
ZJA. UA	OCT 27 1966	DO BOS TO COME		
		Choran E. Mandalina	7 Anlington S. Phillip	os 1727 N. Monroe St.
VS 150-	REV. 1/1/65	- W		



V\$ 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



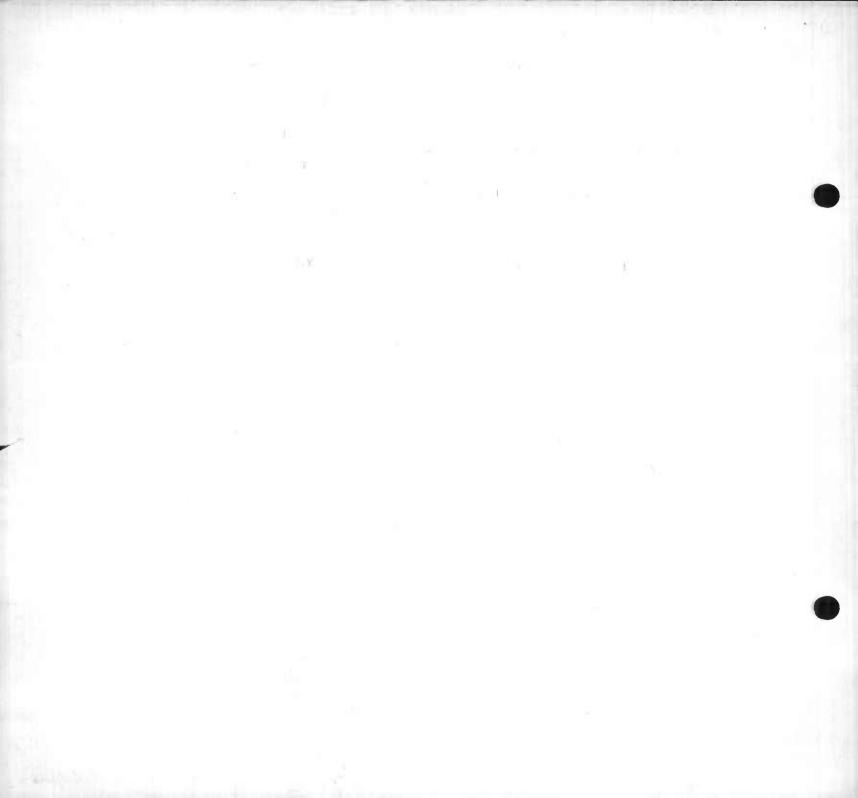
IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



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## **BALTIMORE CITY HEALTH DEPARTMENT**

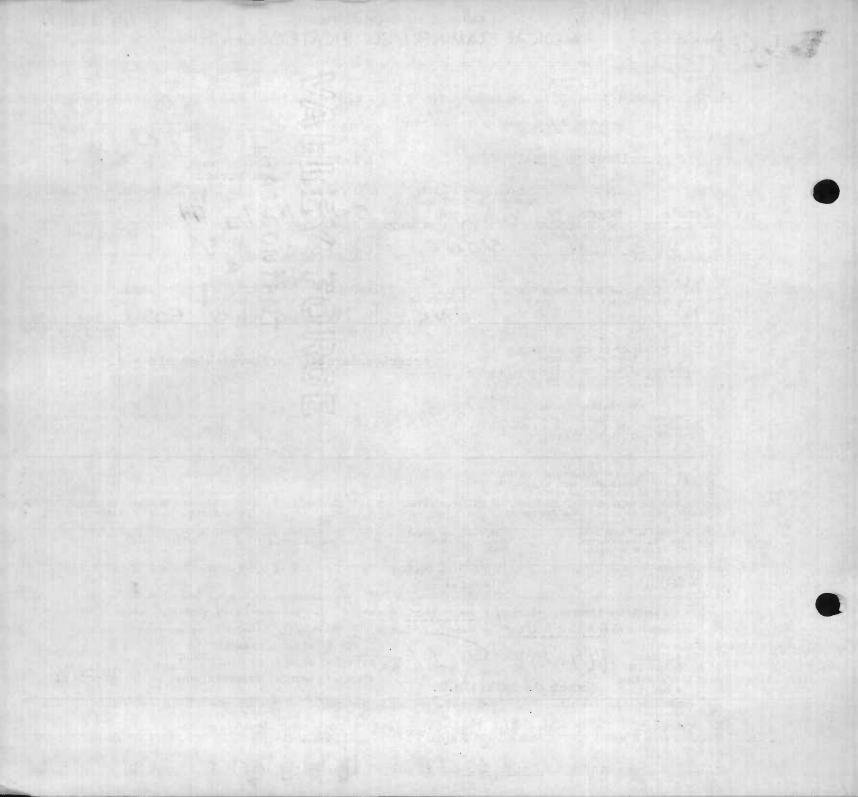
		6 1 2 3
E OF DEATH	Registered No	00

A.E. CASE NO.		2. DATE A	AND HOUR OF DEATH	
Jeanette MacDona	ald		01126.19	astitution: residence before admissi
Jeanette MacDona PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WI	nere deceased lived. If in	nstitution: residence before admissi
FULL NAME OF (If not in hospital or institution, g HOSPITAL OR oddress or location)	ive street	Maryland	outside city limits, write	RURAL and give township)
INSTITUTION		Baltimore	/-	The same of the sa
Marylander Apartment	S		If rural, give location)	
•		3501 St. Pau		
Female White Never	Married	7-7-1893	9. AGE (In years lost birthdoy) 73 Yrs.	If Under 1 Yr. If Under 24 I Months Doys Hours Min
OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF one during most of working life, even if refired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Public School Principal		New York	City	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
William J. MacDonald		Frances E.	Bourke	
5. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		Wm. MacDon	ald-5008 No	rwood Avenue
18.	CAUSE OF			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) A-	Speartde	sease	6-0-
(This does not meon the mode of dying, e.g.,	DUE TO			
heart failure, asthenia, etc. It means the disease,				
injury or complication which caused death.)				-2
	(B)			
injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving	DUE TO			
injury or complication which caused death.)  ANTECEDENT CAUSES	DUE TO			
injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	DUE TO			
injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	(C)			
injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)			FINDINGS CONSIDERED
Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  OR CONTRIBUTING CAUSE OF CONTRIBUTION	/HICH OPERATION		No) 20B. 1F YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING AUSE OF DEATH (notify medical examiner)  21B. Home etc.)  21D. TIME (Month) (Day) (Year) (Hour) 21E.	/HICH OPERATION	ar about 21 C, WHERE DID	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING AND PERFORMED  21A. ACCIDENT WAS UNDERLYING CAUSE OF CONTRIBUTING CAUSE OF CAUSE	PLACE OF INJURY (e.g., in e.g. form, foctory, street, off	or obout 21C, WHERE DID ince bidg., INJURY OCCUR?	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
INJURY OF COMPLICATION WHICH CAUSED HOPE OF INJURY  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. Whill Work (APPROX.)	PLACE OF INJURY (e.g., in e, faim, factory, street, off	or about 21C, WHERE DID ince bldg., INJURY OCCUR?	(If in Boltimos	FINDINGS CONSIDERED LUSES OF DEATH?  The City, give exact location in the control of the control
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF CONTRIBUTION CONTRIBUTION CAUSE OF CAUSE	PLACE OF INJURY (e.g., in e.g., form, foctory, street, off injury Occurred At Work edeceosed from	ar obout 21C. WHERE DID ince bidg., INJURY OCCUR?	No) 20B. IF YES, WERE IN CERTIFYING CA  (If in Boltimos	FINDINGS CONSIDERED  LUSES OF DEATH?  The City, give exact location of the city of the cit
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING ACCOUNTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. Whill (APPROX.)  22. I certify that (I) (This is proved) ottended the that (I) (wee) lost sow the deceased alive on	PLACE OF INJURY (e.g., in e., form, factory, street, off INJURY OCCURRED At Work At Work	or about 21C. WHERE DID ice bidg., INJURY OCCUR?	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED  LUSES OF DEATH?  The City, give exact location of the control of the contro
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF CONTRIBUTION CONTRIBUTION CAUSE OF CAUSE	PLACE OF INJURY (e.g., in e., form, factory, street, off INJURY OCCURRED At Work At Work	or about 21C. WHERE DID ice bidg., INJURY OCCUR?	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?  The City, give exact location of the city
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. Whit (APPROX.)  22. I certify that (I) (Month) (Day) of tended the that (I) (Month) lost sow the deceased alive on	PLACE OF INJURY (e.g., in form, foctory, street, off Not While At Work edeceosed from (did not) vi	or obout 21C, WHERE DID ince bldg., INJURY OCCUR?  21F. HOW DID IN ond iew the body ofter death	No) 20B. IF YES, WERE IN CERTIFYING CA  (If in Boltimos  NJURY OCCUR?  19 6 2 to 0  thot In (my) ( op)	FINDINGS CONSIDERED LUSES OF DEATH?  The City, give exact location in the control of the control
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E.  21D. TIME (Month) (Day) (Year) (Hour) 21E.  Whill (APPROX.)  22. I certify that (I) (The lamphol) ottended the that (I) (was) lost sow the deceased alive on and hour and from the causes stated above. (I) 23A. SIGNATURE	PLACE OF INJURY (e.g., in form, foctory, street, off Not White At Work edeceosed from (did not) vi	or obout 21C, WHERE DID ince bldg., INJURY OCCUR?  21F. HOW DID IN ond iew the body ofter death	No) 20B. IF YES, WERE IN CERTIFYING CA  (If in Boltimos  NJURY OCCUR?	FINDINGS CONSIDERED LUSES OF DEATH?  The City, give exact location of the city
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING WAS PERFORMED  21A. ACCIDENT WAS UNDE	PLACE OF INJURY (e.g., in form, foctory, street, off Not White At Work edeceosed from (did not) vi	ar obout 21C, WHERE DID ince bidg., INJURY OCCUR?  21F. HOW DID IN ond iew the body ofter death	No) 20B. IF YES, WERE IN CERTIFYING CA  (If in Boltimos  NJURY OCCUR?  19 6 2 to 0  thot In (my) ( op)	FINDINGS CONSIDERED LUSES OF DEATH?  The City, give exact location of the city
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING CONDITION FOR WAS PERFORMED  OF INJURY (APPROX.)  22. I certify that (I) (fine limited) ottended the that (I) (condition the couses stated above. (I) 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  AA. BURIAL CREMATION, 24B. DATE 24C. NAREMOVAL (Specify)	PLACE OF INJURY (e.g., in p., form, foctory, street, off Not While At Work edeceosed from M.D. Atter Phys	ar obout 21C. WHERE DID ince bidg., INJURY OCCUR?  21F. HOW DID IN ince bidg., INJURY OCCUR?  21F. HOW DID IN ince bidg., Director ince	No) 20B. IF YES, WERE IN CERTIFYING CA  (If in Boltimos  NJURY OCCUR?  19 (a. b. to	FINDINGS CONSIDERED  LUSES OF DEATH?  The City, give exact locotion  1966  inion deoth occurred on the country of the country
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING CONDITION FOR WAS PERFORMED  OF INJURY (APPROX.)  22. I certify that (I) (fine limited) ottended the that (I) (condition the couses stated above. (I) 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  AA. BURIAL CREMATION, 24B. DATE 24C. NAREMOVAL (Specify)	PLACE OF INJURY (e.g., in e.g., form, foctory, street, off INJURY OCCURRED  Not While At Work  e deceosed from  M.D. Atter Phys  ME of CEMETERY or CREE  enwood Ceme	ar obout 21C. WHERE DID ince bidg., INJURY OCCUR?  21F. HOW DID IN ince bidg., INJURY OCCUR?  21F. HOW DID IN ince bidg., Director ince	No) 20B. IF YES, WERE IN CERTIFYING CA  (If in Boltimos  NJURY OCCUR?  19 (a.b. to	FINDINGS CONSIDERED  (USES OF DEATH?  The City, give exact location)  1964  inion death occurred on the  23B. DATE SIGNED  107566



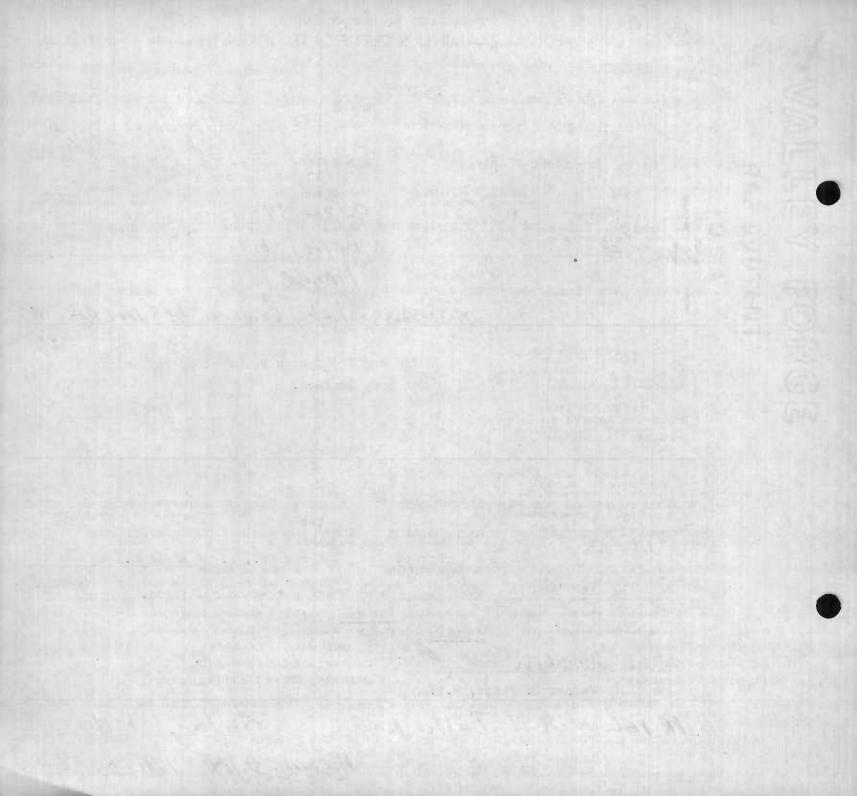
Malifac .si P. Mario en Ocedi , . . . 2 Toller (1921 v. 15) on

BIRT	TH NO.	MEDI	CAL EX	CAMINER'S C	ERTIFICAT	TE OF D	EATH Regist	ered No	_	
-	E CASE NO.									
	NAME OF DEC	FLETER		FARRAF	{		r 26, 1966		9:55	Α
3. P	PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONOU	INCED DEAD	A. STAIL		leceased lived. If ins B. CO	stitution: reside UNTY	nce before	odmission)
HO	SPITAL OR	ADDRESS OR LOCA	Maryland C. CITY OR TOWN (If outside corporate limits, write RURA) and give township)							
	39 Pro	ovident Hospi	tal		D. STREET ADD	ltimore RESS (If rurol, 3 Bloom				
5. S	EX	6. RACE		NEVER MARRIED	8. DATE OF BIRT		9. AGE (In years	If Under 1		der 24 Hrs.
F	emale	Negro	WIDOWED,	OUI ed	5-17-	- 1887	last birthday)	Months D	ays   Hou	ms Min.
		UPATION (Give kind of work working life, even if retired)	10B, KIND OF		TY 11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN	COUNTR	17
	Hou	sc wite	N	one	Blackst	one al	la.			
13.1	FATHER'S NAM	A E			14. MOTHER'S M	AIDEN NAME				
15,1	WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT	bee		ADDRESS		
(Yes	, no or unknown	(If yes, give wor ar date	s of service)	SECURITY NO.	11 41 1	11		D	1	
	NO.			UNK.	Mr. Theod	ORC HO	Hes 5	23 K	NTERVAL	ST
	4 05	Rel 1		CAUS	E OF DEATH				DNSET AN	D DEATH
	DISEA	SE OR CONDITION DI		Arteri	osclerotio	c Cardio	vascular D	isease.		
	(A) At Lettoscietotic Caldiovascular Disease, heart failure, asthenia, etc. It means the disease,									
	injury or co	mplication which caused	de ath.l							
		ANTECENDENT CAUSE		(B)						
	RISE TO TH	OR CONDITIONS, IF A		DUE TO						
z	ONDERLIN	NG CONDITION LAST.		(C)			***************************************		• • • • • • • • • • • • • • • • • • • •	
		II								
CERTIFICATION	TO THE	NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING	ATED TO T							
CERT	19A. DATE OF		DITION FOR V	WHICH OPERATION	20A. AUTOPSY No		OB, IF YES, WERE F			
MEDICAL	UNDERLYING	L CAUSE WAS OR CONTRIB-	21 B. home, etc.)	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21 C. V	WHERE DID (1)	f in Boltimore City, g	give exoct loc	otian)	
ME	21D TIME OF INJURY	(Month) (Day) (Year	) (Haur) 2	E. INJURY OCCURRED	21F. H	DENI DE WO	RY OCCUR?			
	(APPROX.)		m. V	HILE AT NOT	WHILE					
	22. I certify that I held on Inquiry Inspection X Autopsy and that on this basis, death in my opinion									
	resul	ted from: Notural cou	de Homici	de U	ndetermined monr	ner 🗌				
	ACTUA		h	2~/-MI	CHIEF M	EDICAL EXA			DATE S	
	EXAMIN	IER'S	J. Spita	V (	ASSOCIATE M			1	0/26/	66
	BURIAL CRE		230	. NAME OF CEMETERY	or CREMATORY	23 D. LO	CATION (City	y, tawn, ar cau	untyl	(Stote)
	Buria	1 10 41	1-86	Mt. aubar	n Cem.	Bu	Himore	1	In	1.
24A		BY HEALTH DEPT.	24B, NAME	OF REGISTRAR		AL DIRECTOR		AD	DRESS	
		0 = 4000	100	SOLTON ON	-> May tox	es Da	H.7 113	12011	raure	NSL
VS	151-REV. 1/1/	650 1000	Up San S	141/14	न विन्ध		1.10	1101	MAKE	01.



## BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 10808

WEDIC.	AL EXAMINATIO CE	KINICATE OF E		
M.E. CASE NO.		12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
1. NAME OF DECEASED	5		HOUR PRONOUNCED DEA	
THOMAS	• BRIDGES		er 25, 1966	5:30 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHER	E PRONOUNCED DEAD	4. USUAL RESIDENCE (Where of	deceased lived. It institution: re B. COUNTY	sidence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATIO	OR INSTITUTION, GIVE STREET	Maryland		
HOSPITAL OR ADDRESS OR LOCATIO	NI	C. CITY OR TOWN (If autside	corporate limits, write RURAL	and give township)
		Baltimore	16-	02/
Provident	Hospital	D. STREET ADDRESS (If rurol,	give location)	
		1216 Edmor	ndson Avenue	
		B. DATE OF BIRTH		der 1 Yr. If Under 24 Hrs.
2 2	IDOWED, DIVORCED (specify)	9-21-31		S Doys Hours Min.
Male Negro	E KIND OF RUSINESS OR INDUSTRY	1. BIRTHPLACE (State or foreign	29   12. CIT	TZEN OF
done during most of working life, even if retired)		Ra11 10		AT COUNTRY?
13. FATHER'S NAME		4. MOTHER'S MAIDEN NAME	1.	
		4. MOTHER'S MAIDEN NAME		
*		MAGGIE		
15. WAS DECEASED EVER IN U.S. ARMED FO (Yes, no or unknown) (If yes, give wor or dates of		7. INFORMANT	ADDRE	SS // ·
	211-21-5265	Shiplen Brie	tage HINS to	er Hotis Ano
18,	CAUSE	OF DEATH	710011	INTERVAL BETWEEN
				ONSET AND DEATH
DISEASE OR CONDITION DIREC		d 2rd Dogwoo Bur	and of OO Demon	
(This does not meen the mode of dy	ing, e.g., SINFYTY	id 3rd Degree Bui	ins of oo reider	
heart failure, asthenia, etc. It means the injury or complication which coused deat	ih.) of Bod	y Surface.		
ANTECENDENT CAUSES				
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY,	, GIVING (B)	• • • • • • • • • • • • • • • • • • • •		***************************************
RISE TO THE ABOVE CAUSE (A) STATI				
UNDERLYING CONDITION LAST.	(C)		********************************	
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION				
OTHER SIGNIFICANT CONDITIONS CO				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		***************************************	•••••	
19A. DATE OF OPERATION 19B. CONDITI	TON FOR WHICH OPERATION		208, IF YES, WERE FINDINGS	
WAS PERFOR	MED	Yes	IN CERTIFYING CAUSES OF I	Yes
ZIA. EXTERNAL CAUSE WAS	21 B. PLACE OF INJURY (e.g., in home, farm, factory, street, off	or obout 21C. WHERE DID (	If in Boltimore City, give exact	
UNDERLYING TOR CONTRIB-	etc.)			
3	Street	Carey St.,	, N. of Riggs Av	/enue
OF INJURY	(Hour) 21 E. INJURY OCCURRED	Driver of	auto which caugh	at fire follow-
(APPROX.) 10 16 '66	A m. WHILE AT NOT W	ork ing auto-au	ito collision.	it life follow-
22. I certify that I held an Inqu	Ilry Inspection Auto			
			s basis, death in my apInI	igii
resulted fram: Natural cause	Accident Suicide		Indetermined manner	
ACTUAL 111820-1	( - /	CHIEF MEDICAL EX		DATE SIGNED
SIGNATURE WWW.	1. (N.D.	ASSISTANT MEDICAL EX.	AMINER X	10/26/66
EYAMINER'S	V	ASSOCIATE MEDICAL EX	AMINER	10/20/00
NAME (Type) Werner U.	Spitz, M.D.			
23A, BURIAL CREMATION, 23B, DATE	23C. NAME of CEMETERY of	CREMATORY 23D. LC	CATION (City, town, o	r county) (Stotel
B-100-1AL 10-16	66 BOIL NA	T. X	A Ha. A	1d.
24A. DATE REC'D BY HEALTH DEPT. 24	48, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	11/11/11	ADDRESS
	2 0 7 D. 48	11 -		/
OCT 27 1965 4	Janes, Janes,	> MARTONIL D	uell 1701	LAURENS
VS 151-REV. 1/1/65		00000		



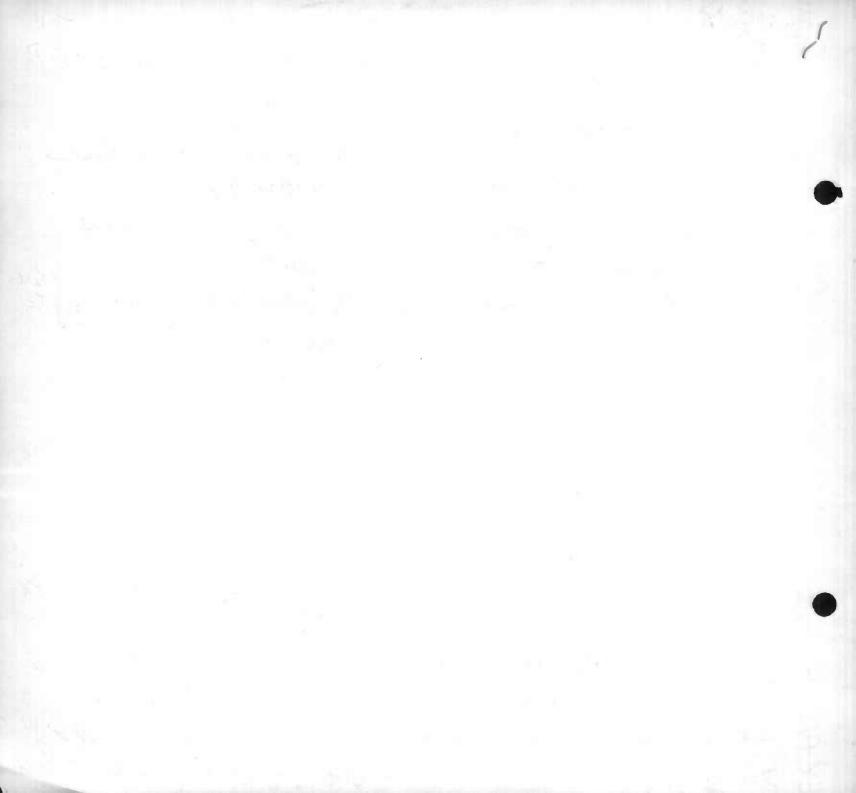
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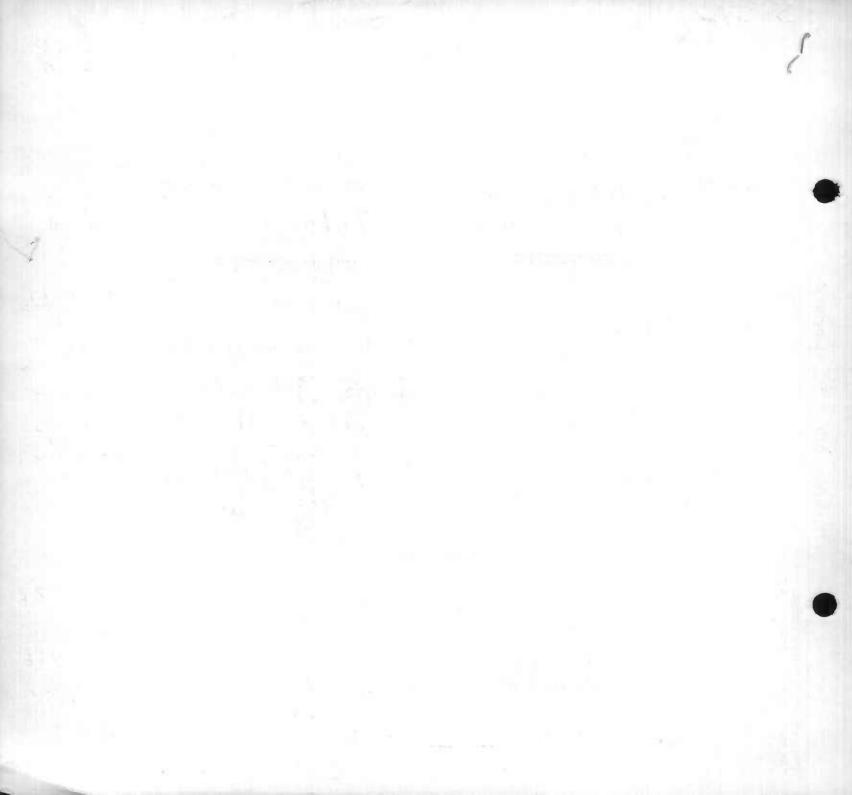
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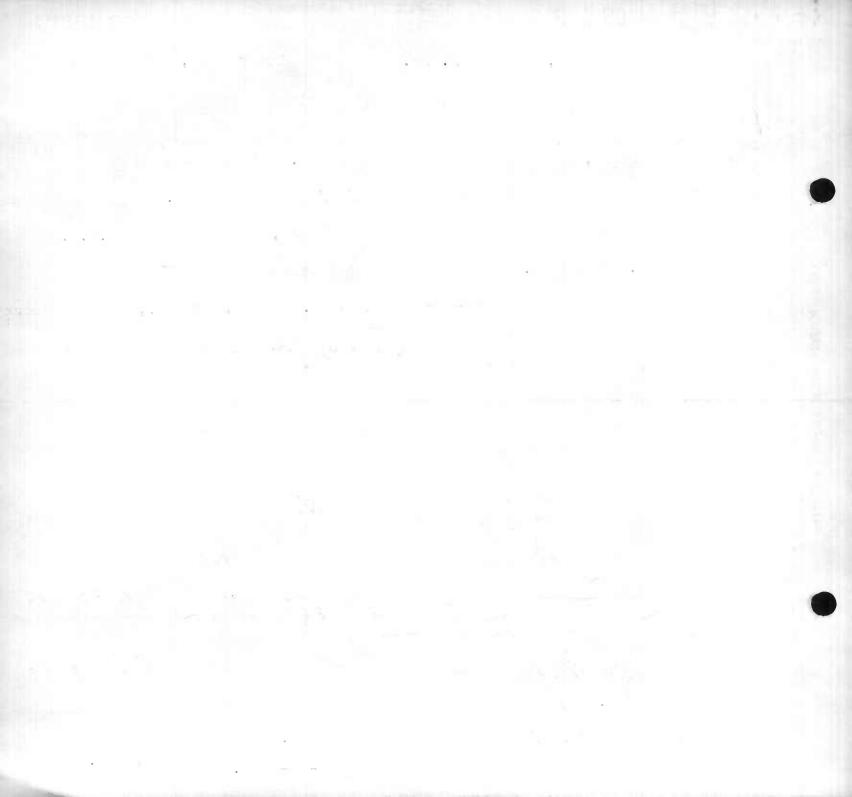
-	10		BALTIMORE CITY	HEALTH DEPARTMENT		00 40-			
7	SIRTH M.F. C	NO. 66 10811 CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	66 10811			
	1. NAA	OF DECEASED OF Print) SAMUELS,	ENNIE .		IND HOUR OF DEATH	324 M.			
	3. PLA	ACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WHA. STATE B. COU	NTY				
	HO	LL NAME OF (If not in hospital or institut oddress or location)	ion, give street	C. CITY ORTIOWN (IF .	. Baltin				
		Covindale Infer	mary.	D. STREET ADDRESS (	f rural, give location)	5-12			
		91		2804 Quantic	Avenue				
	5. SEX	emale White 7. MARI	NEVER MARRIED  WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Nonth's Doys Hours Min.			
	done de	SUAL OCCUPATION (Give kind of work 108, KIN)  uring most of working life, even if retired)  At	OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or for	reign counity)	12. CITIZEN OF WHAT COUNTRY? ANERICA.			
		THER'S NAME	TO THO	14. MOTHER'S MAIDEN NA	AME				
	MC	ORRIS WACHTER WALLENMAN		MANDAMANANINEN	MANAMEN FAGA	?			
	(Yes, no	os Deceosed Ever in U. S. Armed Forces? o or unknown) (If yes, give wor or dotes of serv	ce) 16. SOCIAL SECURITY NO.	17. INFORMANT Dr &	Subbi AH Indiama				
	18.	260 XI	CAUSE O		· · · · ·	INTERVAL BETWEEN ONSET AND DEATH			
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Cerebro Vascerlan Accident. 1 Loce &							
	h	(This does not meon the mode of dying, e.g., DUE TO heart foilure, asthemia, etc. II means the disease,							
		ANTECEDENT CAUSES  (B) Ortaio - Schrotic Broker 15 years.  DISEASES OR CONDITIONS if any giving							
	ris	DISEASES OR CONDITIONS, if ony, gise to the above couse (A) stoting UNDERLYING CONDITION lost.	Ying .	Diabe des	mellitus	16 years			
	ET			erticulosis &	I sigmoid	2 pears.			
		DISEASE OR CONDITION CAUSING IT.  PA. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAUS	IDINGS CONSIDERED			
	U 21	A ACCIDENT WAS UNDERLYING TO RECONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	or obout 21 C. WHERE DID	(If in Boltimore C	ity, give exact location)			
	CAD	EATH (notify medical examiner)	etc.)	nee sing., INSOKI OCCOK					
	1 2 01	ID. TIME (Month) (Doy) (Yeor) (Hour) F INJURY APPROX.)	21 E. INJURY OCCURRED  While At Not While Work  Not Work	21F. HOW DID IN	IJURY OCCUR?				
		22. I certify that (I) (this hospital) attended the deceased fram 3.11 / 1963 ta 10.25. 1966.							
	th	that (1) (we) lost saw the deceased alive on 10' 25 . 19 6 ond that in (my) (our) apinian death occurred on the date							
		ond hour and from the couses stoted obave. (1) (We) (did) (did not) view the body after death.  23A. SIGNATURE  23B. DATE SIGNED  23B. DATE SIGNED  10.25.1966.  23C. PHYSICIAN'S  NAME (Type) SA RASWATY SUBBIAH  M.D. Belw due ave. Balkman 1 m.D.							
		Scrasway Sa	66 ah M.D. Atte	mding Med. Director	Stoff Phys.	10.25.1966			
	23	NAME (Type) SARASWA	TY SUBBIAH M.D.	Believer LEVIT	V DALE Dr ave, Bo	thmore - mus.			
	24A. B	BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION (City,	town, or county) (State)			
		Burial 10/25/66 ( DATE REC'D BY HEALTH DEPT. 25B. NA.	Anshe Emunah) -	Aitz Chaim	Baltimore,	Maryland ADDRESS			
						6010 Reisterstown			



IRTE NO 435 A.E. CASE NO. 66 108	12	CERTIFICA	TE OF DEATH	Registered No	66 10812
NAME OF DECEASED	MYE	R	2, DATE AN	ID HOUR OF DEATH	- IIIIA M
Solom		MANAMA	Oct.	25, 196	6. 4.40 H
PLACE OF DEATH IN BALTIMOR	MARTLAND		4. USUAL RESIDENCE (Whe		stitution: residence before odmiss
FULL NAME OF (If not in ho HOSPITAL OR oddress or in the control oddre	spitol or institution, give socotion)	street	C. CITY OR TOWN (If ou	tside city limits, write F	(URAL and give township)
42	1100	2 11	D. STREET ADDRESS (III	erural, give location)	33-00
Sinai Hosp	tal of B	altimore	3522 60	maach	r. Road.
SEX 6. RACE /	and and a	VORCED (specify)		9. AGE (In years lost birthdoy)	of Under 1 Yr. If Under 24 Hours Min
OA. USUAL OCCUPATION (Give kind one during most of working life, even if re			11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
PROPRIETOR	GROCER	y	WINTHROP, MAS.	SACHUSETTS	USA
FATHER'S NAME		14	14. MOTHER'S MAIDEN NA	ME	
SIMON LEWIS SOL	OMON		FRIEDA ?		
. Was Deceased Ever in U. S. Arm es, no or unknown) (If yes, give wor	ed Forces? 16.	SOCIAL 798-	17. INFORMANT		ADDRESS
***	2/6-	26/-64-19-19-19-2	MRS. SYLVIA SOL	AMAM ZERO I	ANCDEND DAKE
NO 18. 44 0 0 1 1	5	CAUSE C	F DEATH	UMUN, 3344 L	ANGREHR ROAD
DISEASE OR CONDITIO	N DIRECTLY	Chote C			ONSET AND DEATH
LEADING TO DI		Y	dun and wil	1 C.	
(This daes not mean the ma		DUE TO	The way	The same	
heart failure, astheria, etc. It i				V	
ANTECEDENT CA		(B)	Coronory O	<u> </u>	00 800 00 a y - 00 00 000 a 0 0 7 0 0 0 0 0 0 0 0 0 0 0
		DUE TO			
dise to the above cause		(C)	7		
UNDERLYING CONDITION In	st.		998 99 99 99 99 90 n n 9n n 9n n n n n n n		
11					
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU	RELATED TO THE				
19A. DATE OF OPERATION 19B	CONDITION FOR WHICE	H OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	F 21B. PLA home, for etc.)	CE OF INJURY (e.g., factory, street, c	in or obout 21 C. WHERE DID thice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
21 D. TIME (Month) (Day)	(Yeor) (Hour) 21E, INJ	URY OCCURRED	21F. HOW DID INJ	URY OCCUR?	<u> </u>
OF INJURY	While A	Not Whi	le 📑		
TATEROA!	Work	At Work			A PAT 1
22. I certify that (1) (this ho			July	197 to	CC 21, 1966
that (I) (we) last sow the de	ceased alive on	oet 25	19 66 ond th	at in(my) (aur) opi	nion deoth accurred an the
and haur and from the cause	s stated above. (1) (W	e) (did) (did not)	view the bady after death.		
23A. SIGNATURE	0				23 B. DATE SIGNED
V	X DO	M.D. Att	med. Med.	Stoff	14-21-11
22C BHYCKENAPE	Herley	Ph	23D. ADDRESS	Phys.	10-23-66
23C. PHYSICIANS NAME (Type) JERON		R M.D.	0 . 7 /	outa Re	l Ralfos lus
AA. BURIAL CREMATION, 24B. DA	TE 24C.NAME	of CEMETERY of CR	EMATORY 24D L	OCATION (Ci	ty, town, or county) (State
	26/66 BET	TH TFILOH C	ONG	BALTIMORE,	MARYLAND
SA. DATE REC'D BY HEALTH DEPT		GISTRAR -	25C. FUNERAL DIRECTOR		ADDRESS
0612	1966 A. Luc	o E starker	HAN SAL WELTHSONE	& BROS. THE	., 6010 REISTERS
\$ 150-REV. 1/1/65	1 7 5	G U	TOPE MENTION		,

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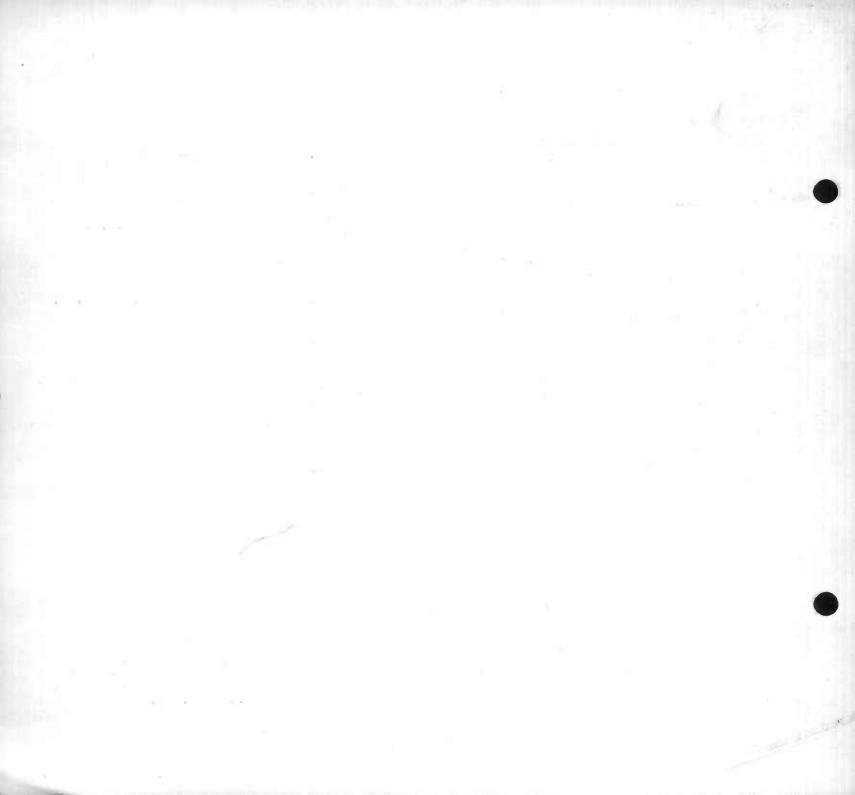
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NIW

IMPORTANT

DIRECTOR:



66 10815

TO

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT 10815 Registered Na.

CERTIFICATE OF DEATH

21216

WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

If Under 24 Hrs.

Hours



VS 150-REV, 1/1/65

Homen 2-4-94 72 Kurmana I are to superior to a superior THE Commence At Course Moranous darmes 11-Commency America concers 15% Nound No No 186 47 Non 22 30 140 100 100 Cher 25, 1966 THE CALLOW HERMORING HOLD

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W. W. W. J. .

Type or Print)			2. DATE AND HOUR OF					
* *	Kichar DEATH IN BALTIMORE MA	d Carter	10-26-66	8:40P.				
S. PLACE OF	DEATH IN BALTIMORE, MA	KILAND	A. STATE B. COUNTY	ived. If institution: residence before admission				
FULL NAM HOSPITAL (	OR oddress or locatio			Maryland C. CITY OR TOWN (If outside city limits, wile RURAL and give township)				
39	1514 Divis		Baltimore, D. STREET ADDRESS (If rurol, give loc	ration				
0		Maryland 21217	630 Baker Street					
sex Male	6. RACE Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In y lost birthday) 7-27-94 7.2 yrs	Months Doys Hours Min.				
OA, USUAL O	CCUPATION (Give kind of wor		TRY 11. BIRTHPLACE (State or foreign ountry)	12. CITIZEN OF WHAT COUNTRY?				
Jone during mos	st of working fife, even if retired)		Baltimore, Maryland					
3. FATHER'S	NAME		14. MOTHER'S MAIDEN NAME					
	Mose Car	rter	Lizza					
	sed Ever in U. S. Armed Fo		17. INFORMANT	ADDRESS				
IB. / DIS	. I	RECTLY	OF DEATH	ONSET AND DEATH				
(This doe	LEADING TO DEATH	dying, e.g., DUE TO	odominal cancer	From 5:20 P.M				
heorf loils	ure, osthenio, etc. It meons complication which caused	the disease, Indeath,)	ntestinal metastosis	to 8:40 P.M.				
	ANTECEDENT CAUSES							
rise to	S OR CONDITIONS, if the above cause (A) ING CONDITION last,							
E TO THE		ATED TO THE						
		IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
OR CONT	IDENT WAS UNDERLYING RIBUTING CAUSE OF offy medical examiner	21B. PLACE OF INJURY (e. home, form, foctory, street, etc.)	g., in or obout 21C. WHERE DID (If in office bldg., INJURY OCCUR?	Boltimore City, give exact location)				
OF INJUR	Υ	While At Not V	While At Not While					
22 1	22. I certify that (I) (this haspital) attended the deceased from October 26, 19.66 to October 26, 19.66							
TT. I Cal.			19 66 and that In(my) (					
that (1) (	1.6		t) view the body after death.					
that (1) ( and haur		ited abave. (I) (We) (did) (did no	, , , , , , , , , , , , , , , , , , , ,	23B DATE SIGNED				
that (1) (	ATURE	M.D.	Attending Med. Stoff	23B. DATE SIGNED				
that (I) ( and haur 23A. SIGN	Claris Parido	M.D.	Attending Med. Staff Phys. Director Phys.	10-27-66				
that (I) ( and haur 23A. SIGN 23C. PHYSI NAM	Claredo Dr. C. Laredo	M.D.	Attending Med. Stoff Phys. 23D. ADDRESS D. 1514 Division St. Ba	10-27-66 alto., Maryland 2121				
that (I) ( and haur 23A. SIGN 23C. PHYSI NAM	Claredo Dr. C. Laredo	M.D.	Attending Med. Stoff Phys. 23D. ADDRESS D. 1514 Division St. Ba	10-27-66				
that (I) ( and haur 23A. SIGN 23C. PHYSI NAM	CREMATION, 248. DATE AL (Specify)  10-31-	M.D.  M.D.  24C.NAME of CEMETERY or	Attending Med. Stoff Phys. 23D. ADDRESS D. 1514 Division St. Ba	10-27-66 alto., Maryland 212. (City, town, or county) (Stote)				
that (I) ( and haur 23A. SIGN 23C. PHYS: NAM 24A. BURIAL REMOVA	CREMATION, 248. DATE AL (Specify)  10-31-	M.D.  24C.NAME of CEMETERY of	Attending Med. Director Phys. 23D. ADDRESS  D. 1514 Division St. Backmatory 24D. Location  Competency Baltim	10-27-66  alto., Maryland 212: (City, lown, or county) (Stote) ore, Maryland				

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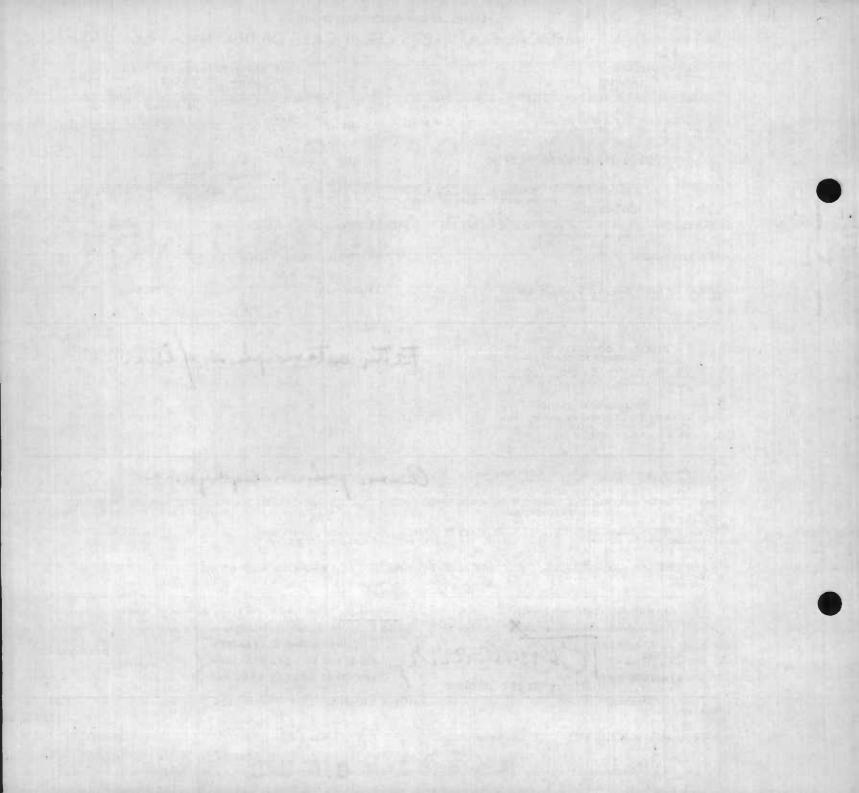
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P-000	66 10819  BALTIMORE CITY HEALTH DEPARTMENT  APPLICATE OF DEATH AND 1919							
1000	BIRTH NO.  MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered to 10819  M.E. CASE NO.							
	1. NAME OF DECEASED  (Type or Print)  JOSEPH RAYE  2. Date and hour pronounced dead  October 26, 1966  7:25 P							
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY							
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)							
	Baltimore 2101 N. Howard Street  D. STREET ADDRESS (If rure), give locotion)							
	OO 2101 N. Howard Street							
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Divorced 8. Date Of Birth 12-24-11 9. AGE (In yeors lost birthdoy) Months: Doys Hours Min. 54							
	10A. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  Month Colona  12. CITIZEN OF WHAT COUNTRY?  U							
	13. FATHER'S NAME Harry Ray Sarah							
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SO CIAL SECURITY NO.  17. INFORMANT  ADDRESS  Redsprings Puneral Home, N.C.							
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease, but TO  CAUSE OF DEATH  (A)  Tatty watawaylanis flower  DUE TO							
	injury or complication which coused death.)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  Chronic pulvern. largelyseina							
	19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION Yes IN CERTIFYING CAUSES OF DEATH? Yes							
	Z 21A. EXTERNAL CAUSE WAS OUNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR?							
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY (APPROX.) WHILE AT NOT WHILE							
	22,   Certify that I held an Inquiry   Inspection   Autopsy   and that an this basis, death in my apinion							
	resulted fram: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER							
	SIGNATURE DATE SIGNED  ACTUAL SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER X							
	NAME (Type) Rudiger Breitenecker /							
	23A. BURIAL CREMATION, Page 23B. Date 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)  Purial 10-34-66 Bechune Cemetery To erson County, 1.C.							
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS							
	OCT 28 1966 (10 of 2. salem) - Borne 30 2011 1940 Oct. 10 cm							



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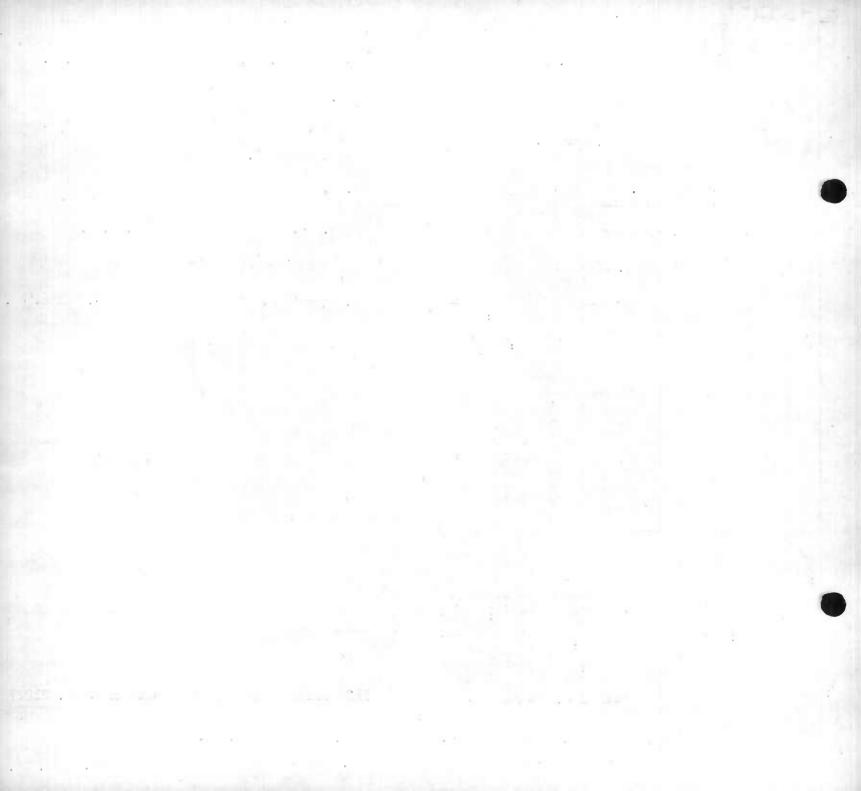
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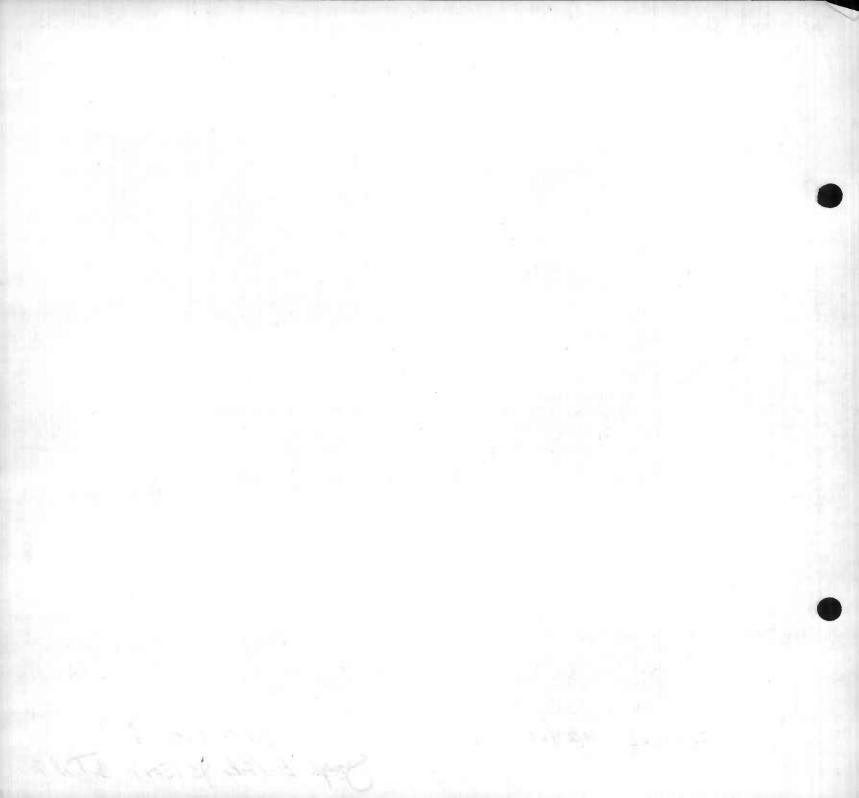
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00 4000	n.d		HEALTH DEPARTMENT		66 10821
HRTH NO. 66 1082 V.E. CASE NO.	1	CERTIFICA	TE OF DEATH		U ·
NAME OF DECEASED				AND HOUR OF DEAT	
John J. E				. 25, 1966	7:15 P. M. M
PLACE OF DEATH IN BALTIMORE, MA	KILAND			YTAUC	I Mailtonois leadence belore dans and in
					1
HOSPITAL OR oddress or location	1)			outside city limits, writ	te RURAL-and give tawnship)
0 49 Upmanor Rd			Balto. D. STREET ADDRESS	(If rural, give location)	20
00 49 opmanor no	•		49 Upmanor		
SEX 6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
Male White	Married	DIVORCED (specify)	Aug.21, 1914	10st birthdoy) 52	Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Photo. Engraver			Balto. Md.		U. S. A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Toronh A Times als			Mamia CV	XXXX Squires	g
Joseph A. Einwich  Was Deceased Ever in U. S. Armed Fore	ces?	1 6- SOCIAL	17. INFORMANT	WERRO SAUTTON	ADDRESS
es, no ar unknown) (If yes, give war ar date	s of service)	SECURITY NO.	75 D	M 704 1- 40	) Ilmanos Da Dalta A
Yes   19431946		212-07-2882 CAUSE 0		n. Elnwich 49	Upmanor Rd. Balto. M
18. / 5 / /	FOTIV	CAUSE O			ONSET AND DEATH
DISEASE OR CONDITION DIE	RECILY	(0)	of The	no oter-	
(This does not mean the mode of		DUE TO	f. Jood		\$\$\$\$P\$
heart foilure, osthenio, etc. Il means injury or complication which coused		0	12-1	neetun	2
ANTECEDENT CAUSES		(B) 4	elarlases	all le	
DISEASES OR CONDITIONS, if	onv giving	DUE TO			
rise to the obove couse (A)		(C)		<b>. 0 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 </b>	
UNDERLYING CONDITION lost.					
Z OTHER SIGNIFICANT CONDITIONS O					
TO THE DEATH BUT NOT RELA	TED TO THE				
DISEASE OR CONDITION CAUSING I		VHICH OPERATION	20A. AUTOPSY? (Yes o	I No. 20B. IF YES, WE	RE FINDINGS CONSIDERED
WAS PER	EORASED -	e rectum		IN CERTIFYING	CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	1 21B.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DI	D (If in Boltin	more City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hometc.)	e, form, foctory, street, o	ffice bldg., INJURY OCCUI	R?	
O 21D. TIME (Manth) (Day) (Year)	(Hous) 21E	INJURY OCCURRED	21F HOW DID	INJURY OCCUR?	
F OF INJURY		le At T Not Whil		INJURY OCCUR.	
(APPROX.)	Wor				
22. I certify that (1) (this haspital	) attended th	ne deceased fram	10-20	19 66 10	10-23 1966
that (I) (we) last saw the decease	d alive an	10-25	19 66 and	d that in(my) (aur)	apinian death accurred an the da
and haur and fram the causes star	ted abave. (I	) (We) (did) (did not)	lew the body after dec	oth.	
23A. SIGNATURE/	111				23 B, DATE SIGNED
Milhund H	slul	all M.D. Att.	ending Med.	Stoff Phys.	10-27-66
23C. PHYSICIAN'S	1	rny	23D. ADDRESS	_ '117'5	
NAME (Type)	De deside	, M.D.		Spring Road	Baltimore, Md. 212
	Rodrigue			D. LOCATION	(City, town, or county) (State)
REMOVAL (Specify) 24B DATE	24C. NA	ME of CEMETERY OF CR	LIVIATORT 24	D. LOCATION	tony, lown, or county) (State)
Burial Oct.28	. 1966	Balto. Nationa		Balto. Md.	
25A. DATE REC'D BY HEALTH DEET.	25B. NAME C	F REGISTRAR	25C. FUNERAL DIREC	CTOR	ADDRESS
001 00 1300	6 best	E. Jacker M.A	G Traman S	chwab 3512 F	rederick Ave. Balto. M
VS 150-REV. 1/1/65					



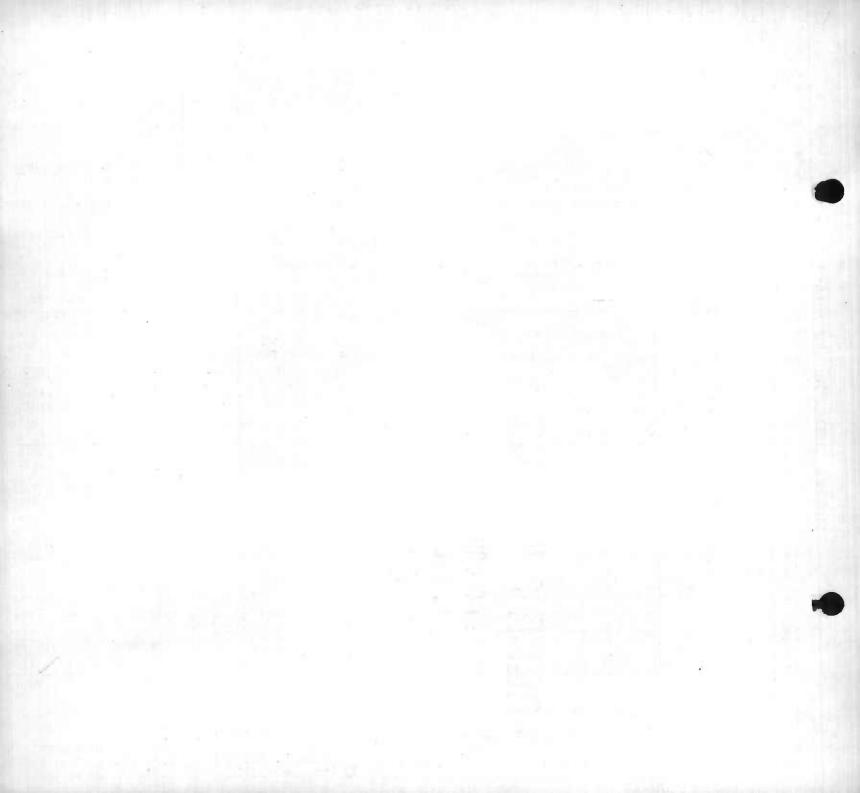
W	-	2	4
	occurred in a hospital and ontributing cause of death	ermined cause; (5) Deceased regular attendance on the	is made.
	death or co	Undete	e dece
RTANT	ssistant if f the direct	y kind; (4) d death w	ance on the final dispo
IMPC	or his o	e of an	attend med or
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🔊 was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be ap the body was released to	shows: (1) An accident of a was D.O.A. at a hospital (	deceased prior to death); written approval must be o

	66 10822	BALTIMORE CITY	HEALTH DEPARTMENT		66 111800		
	H NO. UU LUOZZ	CERTIFICA	TE OF DEATH	Registered No.	60 10855		
1. N	AME OF DECEASED		2. DATE AN	D HOUR OF DEATH			
(Тур	pe or Print) NAGGIE	WAShine	TON OCT	23,6	6 110:151		
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	F1 11 2.1118 S	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution; residence before odmis		
			A. STATE B. COUN	11			
-	FULL NAME OF (If not in hospital or instituting address or location)	on, give street	C. CITY OR TOWN (If out	sido city limite unitodi	RURAL and give township]		
- 1	NSTITUTION		13.017	side city limits, wille	KOKAL ONG GIVE WAITSHIP		
0	D. 11/10	1/2.	D. STREET ADDRESS (If	rurol, give location)			
1	OBA WIBA G	son Home					
5. S		IED, NEVER MARRIED		9. AGE (In years	If Under 1 Yr., If Under 24		
J. 3	WIDO	WED, DIVORCED (specify)		lost birthdoy	Months Doys Hours Mi		
4.5		TARRIEA	KEC. 27, 1891	17			
	USUAL OCCUPATION (Give kind of work 10B, KINE during most of working life, even if retired)	OF BOSINESS OK INDOSEKE	11. BIRTHPLACE (State or forei		12. CITIZEN OF WHAT COUNTRY?		
	flousewife		White OAK	5: 6	U.S.		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE			
11	VODERS KEILV		ELLA				
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
(Yes	s, no or unknown) (If yes, give wor or dotes of servi	security No.	14/11/2	1	1 1016-1		
	110			LINSTON			
	1B.420,01	CAUSE O	F DEATH		ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY						
	(This does not mean the mode of dying, e.g.,  (This does not mean the mode of dying, e.g.,  DUE TO						
	hearl failure, asthenia, etc. Il means the dise	ose,	ongestive fall	ure			
	injury or complication which caused death.)						
	ANTECEDENT CAUSES	DUE TO	an anner main deimeir de meir an meir an anner a arm ar C C C C C C C C C C de de arm ar ar C de	kan di amiji di denama ar diadi amas manang desig 4-4-4-4 da amiji di denama ar diadi			
	DISEASES OR CONDITIONS, if any, given see to the above couse (A) stating						
	UNDERLYING CONDITION last.	10/					
	ll ll						
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING					
ATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	" Hemolyti	c anemia				
U	19A. DATE OF OPERATION 19B. CONDITION F		20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED		
RTIFI	O WAS TERTORIVED			CERTIFICO CA	out or benitt.		
Ü	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i		(If in Boltimor	e City, give exact location)		
CAL	DEATH (notify medical examiner)	etc.)					
5	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
ME	(APPROX.)	While At Not Whi					
		Work At Work		,,	3.9		
	22. I certify that (I) (this hospital) attend	ed the deceased from 10	111	10 10 -	23- 1966		
	that (1) (we) lost saw the deceased alive	on 16-21-	1966 ond th	at in (my) (our) apl	nion death accurred on the		
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.						
	23A. SIGNATURE				23 B. DATE SIGNED		
	000 - 4.000	M.D. Att	ending Med.	Stoff Phys.	100116		
	23C. PHYSICIAN'S	<i>5</i> <sup>7</sup>	23D. ADDRESS	r 11y S	110-11-100		
	NAME (Type)	and a sufficient		1 5			
	C.R. Campbell	M.D.	1618 W. North	Hve. B	altimore. Mo		
244	PEAAOVAI (Specify)	C. NAME of CEMETERY OF CR		. /	ity, town, or county) (Sto		
7	20 10/27/66		11/1	fite Oak	1.6.		
254	L DATE REC'D BY HEALTH DEP 1968 258 NA	ME OF BEGISTRAR	25C. FUNERAL DIRECTOR	012	ADORESS		
				1 11 13 1 1			
	1909 (108)	rever Es Jailleu M. A	men H. K.	ret 1 /3	304 n. Bul 20 12		
V e .	150-REV. 1/1/65	rest Estableuma	Bept D. K	reks / 13	OX M. Bontal G		



VS 150-REV. 1/1/65

Diay	H NO.	66	1082	33			OF DEATH	Registered No.	66 10823
M.E.	CASE NO.		1004		CERTIFI	CATE	OF DEATH		
1. N	BURN	SED M	-01	214	C-		2. DATE A	AND HOUR OF DEATH	7 25
3 P	OUT N	H IN RALAIN	AORE MAI	PYLAND	6.	TI4 H	SHAL DESIDENCE (WI	0/26/66	2 25 /
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  MD. GEN'L HOSPITAL  FULL NAME DF (If not in hospital or institution, give street oddress or location)  INSTITUTION  BALTIMORE, MARYLAND						C. C.	MARYLA ITY OR TOWN (IF	outside city limits, write	RURAL ond give township
4	48					1	577 31	ONEWOOD	RD.
5. 51	PALE 6	CAUCA	SIAN	7. MARRIE WIDOW	D, NEVER MARRIED VED, DIVORCED (specif	y) B. DA	TE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours M
done		ATION (Give	kind of work n if retired)	108, KIND	OF BUSINESS OR INDI		MARY LI	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. F	FATHERS NAME						AOTHER'S MAIDEN N.	COCKEY	/
15. V	Was Deceased E	ver in U. S.	Armed Fore	es?	16. SOCIAL	17. IN	FORMANT		ADDRESS
	VO	yes, give	wor or dote:	s or service	3 SECURITY NO.	US MA	3. F.C. BURN	HAM 157	7 STONEWOOD R
-	18.	441				SE OF DEA		_	INTERVAL BETWEEN
ATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tost.  Other significant conditions contributing to the Death But not related to the								
ERTIFICA	DISEASE DR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				20	20A. AUTOPSY? (Yes or Not 20B. IF YES, WERE FINDINGS CONSIDE IN CERTIFYING CAUSES OF DEATH?			
AL C	U 21A- ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., OR CONTRIBUTING   CAUSE OF home, form, foctory, street, etc.)					(e.g., in or of cet, office bl	out 21C. WHERE DID	(If in Baltima	ore City, give exact location)
2	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED				While	21F. HOW DID IN	NJURY OCCUR?		
	22. I certify t	hat (I) (this	hospital	) attended	I the deceased fram			19ta	
	22. I certify that (I) (this hospital) attended the deceased fram								
	23A. SIGNATURE M.D. AH					Attending Phys.	Med. Director	Stoff Phys.	23B. DATE SIGNED
	NAME (Typ	iei			A- d	M.D.			
24A	. BURIAL CREM		DATE	24C.	NAME of CEMETERY		DRY 24D.	LOCATION (6	City, town, or county! (Sto
	Burial		120/2	066 5			Po	Itimore Ma	
25A		10	0/29/1 DEPT.	966 PE	arkwood Ceme	tery	Be BE	altimore, Md Seitz 5209 y	



IMPORTANT

DIRECTOR:

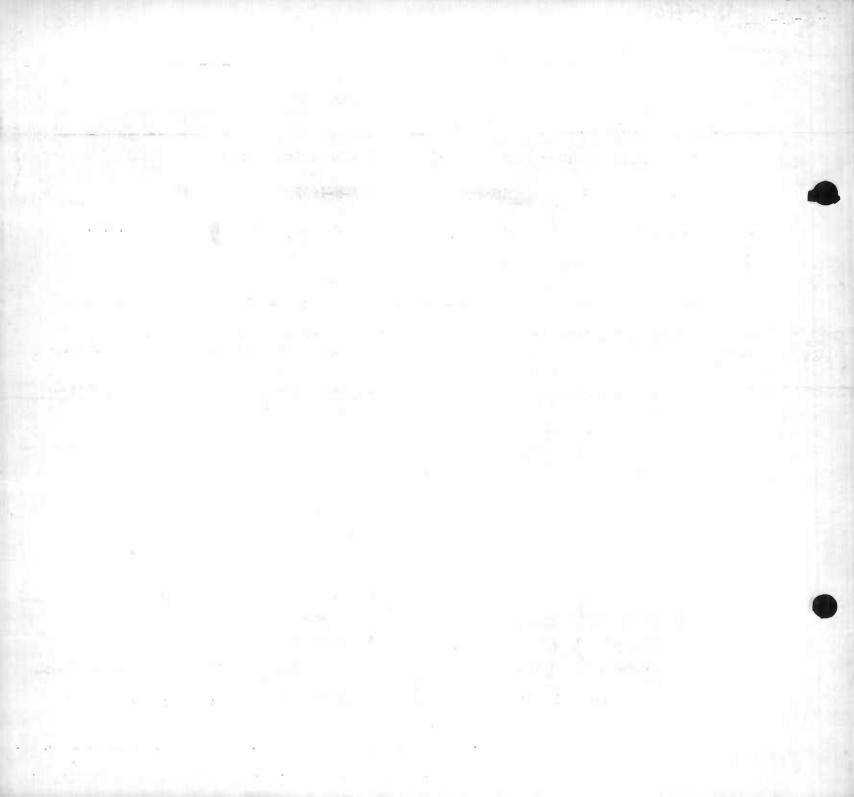
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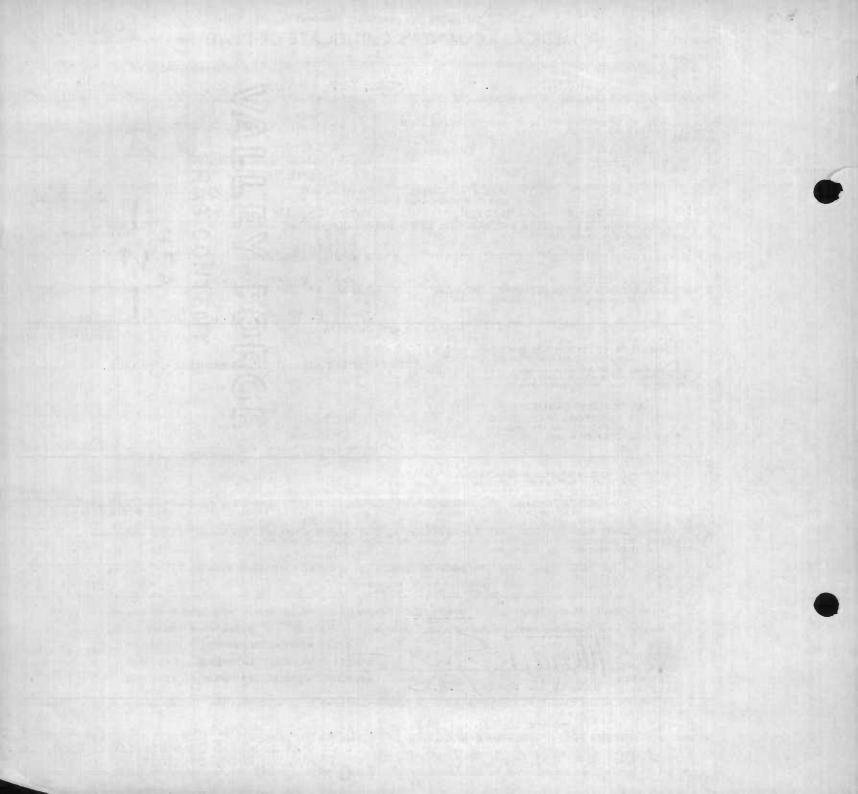
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M.E. CASE NO. 1. NAME OF DE				2. DA	TE AND HOUR OF DEATH		
Type or Print)		Wolford			10-21-1966		
PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	E (Where deceased lived, II is	institution: residence before adm	
FULL NAME	OF (If not in hospital	or institution, o	uve street	Maryland			
HOSPITAL OR oddress or locotion) INSTITUTION Baltimore City Hospitals  3 / 4940 Eastern Avenue			C. CITY OR TOWN	(If outside city limits, write	RURAL and give township		
			Baltimore  D. STREET ADDRESS (If rurol, give locotion)  1214 Union Avenue 21211				
Male	White	Divon		8/29/1907	9. AGE (In years lost birthdoy) 59	If Under 1 Yr. If Under 2 Months Doys Hours	
	CUPATION (Give kind of work of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
Track		Westonn	Md. Railroad	Maryland	North Branch	U.S.A.	
3. FATHER'S NA	AME	1	Nove to to	14. MOTHER'S MAIDE	N NAME		
	George W	olford		Rai	chal Malone		
. Was Decease	ed Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT	DIVOCOTEC	ADDRESS	
	vn) (If yes, give wor or date	es of service)	SECURITY NO.	Pagarda, POS	1 /0/0 Fastors	Avenue 21224	
No			705-10-7214		I-4940 Eastern	**	
18. / 3	411		CAUSE O	/	. /	ONSET AND DEAT	
DISE	ASE OR CONDITION DIE LEADING TO DEATH	RECTLY		and his	· hearth	6 7	
(This does	nal mean the made al	dvina o a	(A)	my come	Joean jou	use 1 grs	
heart foilure	a, asthenia, etc. It meons		DOE 10	U			
injury or co							
	omplication which coused		11	amies la	ne dinere	794	
1.6	ANTECEDENT CAUSES	deoth.)	(B) CL	sonie le	heast for ing disease	2 790	
	ANTECEDENT CAUSES OR CONDITIONS, II	deoth.)	(B) CL	sonie le	ing disease	7 900	
rise to t	ANTECEDENT CAUSES OR CONDITIONS, il	deoth.)	(B) CLI	ronie le	ng disease	2 7 900	
rise to t	ANTECEDENT CAUSES OR CONDITIONS, il the above couse (A) NG CONDITION lost.	deoth.)	DOE 10	sonie le	ng disease	2 7 910	
rise to t	ANTECEDENT CAUSES OR CONDITIONS, il the above couse (A) NG CONDITION lost.	d deoth.) any, giving stating the	(C)	sonie l	ng duséese	2 7 910	
rise to the UNDERLYIN	ANTECEDENT CAUSES OR CONDITIONS, il withe above couse (A) NG CONDITION lost.  II NIFICANT CONDITIONS C DEATH BUT NOT RELA	deeth.) any, giving stating the	(C)	nonie le	ng duciess	790	
OTHER SIGN	ANTECEDENT CAUSES OR CONDITIONS, il the above couse (A) NG CONDITION lost.  II NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I	deeth.)  any, giving stating the CONTRIBUTING ATED TO THE	(C)		<u> </u>		
OTHER SIGN	ANTECEDENT CAUSES OR CONDITIONS, il the above couse (A) NG CONDITION lost.  II NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I	any, giving stating the CONTRIBUTING ATED TO THE	(C)		s or No! 20B. IF YES, WERE IN CERTIFYING CA		
OTHER SIGN TO THE DISEASE OF THE DIS	ANTECEDENT CAUSES OR CONDITIONS, il the above couse (A) NG CONDITION lost.  II NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I OF OPERATION 198. CON WAS PER	any, giving stating the stating the CONTRIBUTING ATED TO THIST.  SIDITION FOR VIFORMED	(C)	20 A. AUJOPSY? (Ye	S OF NO. 20B. IF YES, WERE IN CERTIFYING CA		
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OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF THE	ANTECEDENT CAUSES OR CONDITIONS, il the above couse (A) NG CONDITION lost.  II NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I OF OPERATION 198. CON WAS PER BUTING CAUSE OF Ify medicol exominer)  (Month) (Doy) (Yeor)	any, giving stating the CONTRIBUTING ATED TO THI IT.  ADDITION FOR VIFORMED  218. hometc.)  (Hour) 21E. Whi Wor	PLACE OF INJURY Ic.g., i e, form, foctory, street, o  INJURY OCCURRED le At At Work he deceased from	20A. AUTOPSY? (Yes	DID (If in Boltimor	FINDINGS CONSIDERED AUSES OF DEATH?  The City, give exact locotion)	
OTHER SIGN TO THE DISEASE OF 19A. DATE OF CONTRIBUTE OF INJURY (APPROX.)  22. I certify that (1) we	ANTECEDENT CAUSES OR CONDITIONS, il the above couse (A) NG CONDITION lost.  II NIFICANT CONDITIONS OF R CONDITION CAUSING I OF OPERATION 198. CON WAS PER SENT WAS UNDERLYING LENT WAS UNDERLYING (Month) (Doy) (Year)  Ty tho (I) (this hospital e) last sow the deceose	any, giving stating the CONTRIBUTING ATED TO THI IT.  ATED TO THE IT.  ADDITION FOR VIFORMED  218, ham etc.)  (Hour) 21E, Whi Wor	VHICH OPERATION  PLACE OF INJURY le.g., i e, form, foctory, street, o  INJURY OCCURRED  le At	20A. AUTOPSY? (Ye.	DID (If in Boltimor UR?  19 to and that in (my) (our) opinion in (my)	FINDINGS CONSIDERED AUSES OF DEATH? re City, give exact locohian)	
OTHER SIGN TO THE DISEASE OF TO A COLOR CONTRIL DEATH (not)  21 A. ACCID OR CONTRIL DEATH (not)  21 D. TIME OF INJURY (APPROX.)  22. I certif that (II) we ond hour and the condition of the cond	ANTECEDENT CAUSES OR CONDITIONS, il the above couse (A) NG CONDITION lost.  II NIFICANT CONDITIONS OF R CONDITION CAUSING I OF OPERATION 198. CON WAS PER BUTING CAUSE OF (Month) (Doy) (Year)  Ty tho (I) (this hospitole) last sow the decease and from the causes stored	any, giving stating the CONTRIBUTING ATED TO THI IT.  ATED TO THE IT.  ADDITION FOR VIFORMED  218, ham etc.)  (Hour) 21E, Whi Wor	VHICH OPERATION  PLACE OF INJURY le.g., i e, form, foctory, street, o  INJURY OCCURRED  le At	20A. AUTOPSY? (Ye.	DID (If in Boltimor UR?  19 to and that in (my) (our) opinion in (my)	FINDINGS CONSIDERED AUSES OF DEATH?  The City, give exact locotion)  The city of the city	
OTHER SIGN TO THE DISEASE OF 19A. DATE OF CONTRIBUTE OF INJURY (APPROX.)  22. I certify that (I) we	ANTECEDENT CAUSES OR CONDITIONS, il the above couse (A) NG CONDITION lost.  II NIFICANT CONDITIONS OF R CONDITION CAUSING I OF OPERATION 198. CON WAS PER BUTING CAUSE OF (Month) (Doy) (Year)  Ty tho (I) (this hospitole) last sow the decease and from the causes stored	any, giving stating the CONTRIBUTING ATED TO THI IT.  ATED TO THE IT.  ADDITION FOR VIFORMED  218, ham etc.)  (Hour) 21E, Whi Wor	PLACE OF INJURY Ic.g., i e, form, foctory, street, o  INJURY OCCURRED le A1 Not While k At Work le deceased from	20A. AUJOPSY? (Yes	DID (If in Boltimor UR?  ID INJURY OCCUR?  19 to and that in (my) (our) opileath.	FINDINGS CONSIDERED AUSES OF DEATH?  The City, give exact locotion)	
OTHER SIGN TO THE DISEASE OF LIVE DEATH (not)  21 A. ACCID OR CONTRIL DEATH (not)  21 D. TIME OF INJURY (APPROX.)  22. I certiff that (1) we ond hour and live death of live dea	ANTECEDENT CAUSES OR CONDITIONS, il the above couse (A) NG CONDITION lost.  II NIFICANT CONDITIONS OF R CONDITION CAUSING I OF OPERATION 198. CON WAS PER BUTING CAUSE OF (Month) (Doy) (Year)  Ty tho (I) (this hospitole) last sow the decease and from the causes stored	any, giving stating the CONTRIBUTING ATED TO THI IT.  ATED TO THE IT.  ADDITION FOR VIFORMED  218, ham etc.)  (Hour) 21E, Whi Wor	PLACE OF INJURY Ic.g., i e, form, foctory, street, o  INJURY OCCURRED le A1 Not While k At Work le deceased from	20A. AUTOPSY? (Ye.	DID (If in Boltimor UR?  19 ta and that in (my) (our) opileath.	FINDINGS CONSIDERED AUSES OF DEATH?  The City, give exact locotion)  The city of the city	
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OTHER SIGN TO THE	ANTECEDENT CAUSES OR CONDITIONS, il the above couse (A) NG CONDITION lost.  II NIFICANT CONDITIONS CO DEATH BUT NOT RELA R CONDITION CAUSING I OF OPERATION 198. COM WAS PER EINT WAS UNDERLYING BUTING CAUSE OF Ify medical examiner)  (Month) (Day) (Year)  Ty that (I) (this hospital e) last sow the decease and from the causes store TURE	any, giving stating the CONTRIBUTING ATED TO THIST.  STATED TO THI	VHICH OPERATION  PLACE OF INJURY le.g., i e, form, foctory, street, o  INJURY OCCURRED  Not While At Work  At Work  Wee deceased from	20A. AUJOPSY? (Ye.	DID (If in Boltimor UR?  19 ta and that in (my) (our) opileath.	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location)  19 (inion death occurred on the location)  23B. DATE SIGNED	
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00	10040	BALT	IMORE CITY HEA	ALTH DEPARTMEN	NT	60 10826
BIRTH NO.	MED	CAL EXA	MINER'S	CERTIFICA	TE OF DEATH Reg	istered No.
M.E. CASE NO.						
1. NAME OF DE	CEASED				2. DATE AND HOUR PRONOU	NCED DEAD
trype or Film	JAMES	H.	BAKI	ER, Sr.	October 25, 196	56   2:25 P M
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNCE		4. USUAL RESID	DENCE (Where deceased lived, If	institution: residence before admission)
				A. STATE	ryland B. (	COUNTY
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTITUTION	N, GIVE STREET		WN III outside corporate limits,	write RUSAL and give township)
INSTITUTION				D.	1	1-12
E700	Harford Road				Itimore RESS (If rural, give location)	
3700	Harrord Koad					
00				_11	00 Harford Road	
5. SEX	6. RACE	7. MARRIED, NEV		B. DATE OF BIRT	H 9. AGE (In ye last birthday)	Manths Days Hours Min.
Male	White	Married		March 25		
IOA. USUAL OCC	CUPATION (Give kind of world	10B. KIND OF BU	SINESS OR INDUST			12. CITIZEN OF
	warking life, even if retired)					WHAT COUNTRY?
13. FATHER'S NA	tired			Virgin	ia	U.S.A.
13. FAIRER 3 NA	IVIE			14. MOTHER'S IV	TAIDEN NAME	
	nie Baker			Bessie	Virginia Gray	
15. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES? 16.5	ECURITY NO.	17. INFORMANT		ADDRESS
No	in yes, give wor or dele	3 di servicer	LCOMIII NO.	T 77	n 1 7 0 1	
11B.				James H.	Baker, Jr., Orla	INTERVAL BETWEEN
DISEASES RISE TO THE UNDERLY	ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' ING CONDITION LAST.  II GNIFICANT CONDITIONS DEATH BUT NOT RE	NY, GIVING TATING THE  CONTRIBUTING LATED TO THE	DUE TO			
19A. DATE O	F OPERATION 198, CON WAS PER	DITION FOR WHIC	H OPERATION	20A. AUTOPSY	7? (Yes or No) 20B, IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
ZIA. EXTERNA	AL CAUSE WAS	21B. PLA( home, for	CE OF INJURY (e.g. m, foctory, street,	, in or about 21C. V	WHERE DID III in Boltimore City Y OCCUR?	, give exact location)
21 D TIME OF INJURY (APPROX.)	(Month) (Day) (Yea	(Haur) 21E. I WHILL	NJURY OCCURRED	WHILE WORK	OW DID INJURY OCCUR?	
22.	rtify that I held an 1	nquiry 🗌 🔝 In	spection X A	utopsy an	d that on this basis, death	In my opinian
resu	Ited from: Natural co	uses Accie	lent Sulci	de Hamic	ide Undetermined mo	onner
1 2 3 3	1100		)1		EDICAL EXAMINER	MIN STATE OF THE S
ACTUA	AL 111/21	01.	2/ /			DATE SIGNED
SIGNA	TURE //WVV	90.0	M.1		EDICAL EXAMINER &	10/20/00
EXAMI		J. Spitz	M.D.	ASSOCIATE A	MEDICAL EXAMINER	10/26/66
NAME	(.) -0/		and the same of the same of			
23A. BURIAL CR REMOVAL (Speci		23C. N	AME OF CEMETERY	or CREMATORY	23D. LOCATION	City, town, or county) (Stote)
Burial	10/29/0	56 M: 4	dlohuma M	C T	364 3 11 1	
	D BY HEALTH DEPT.	24B, NAME OF F	dleburg Me	em. Cem. Ir	AL DIRECTOR	Virginia
	OCT 28 196	Poleut	E. Farley	John I	f.Mitchell & Sons O York Road, Balt	Wiedifeld Home, Inc.



-534		BALTIMORE CITY HEALTH DEPARTM
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Registered	No.	GG	1.1	1207
registered		00	4	0021

A.E. CASE NO.	PP TOS		CERTIFICA	TE OF DEATH	AND HOUR OF DEATH	00 10027		
Type or Print)	CENSED							
	HENRY F. B	ENDERS			10/25/66	institution: residence before admission)		
. PLACE OF DE	EATH IN BALTIMORE, MAI	RYLAND		A. STATE B. CO	Where deceased lived. If i DUNTY	institution: residence before admission)		
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)			Md.				
INSTITUTION address of location/			C. CITY OR TOWN	outside city limits, write	RURAL and pive tawnship)			
			Balto.					
1 /				D. STREET ADDRESS (If rural, give location)				
Union Mem. Hosp.			2256 Obout	and America				
-1 1				3356 Chest				
. SEX	6. RACE		NEVER MARRIED  DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr., If Under 24 Hrs. Months: Days Haurs: Min.		
Male	White	Marri		12/27/04	61	77.01.113		
				, ,,		10 CITITEN OF		
	CUPATION (Give kind of work f working life, even if retired)	IOB. KIND OF	BOSINESS OK INDUSTRE	II. BIRTHPLACE (State of	toreign country)	12, CITIZEN OF WHAT COUNTRY?		
		0.20	2 4	W.A				
Groc		SeTI-6	employed	Md.				
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME			
	2				?			
					•			
. Was Decease	d Ever in U. S. Armed Fore	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	X X X X X X X X X X X X X X X X X X X			Autout m m		1		
No	******	* N'N	213-09-3064	Antonia E. E	nders (same	7		
18. / 🔾	0.3		CAUSE O	FDEATH		INTERVAL BETWEEN		
DISE	ASE OR CONDITION DIR	ECTIV	11	2 . /	2 0	ONSET AND DEATH		
Distr	LEADING TO DEATH	10101	1/01	relanos.	holomen	2		
(This days		duine and	(A) **	era agen	, ce la roll			
	nol mean the mode of a asthenia, etc. it means		DUETO					
	mplication which caused		2		. 2 . 1	1. /10/50		
			(8)	relaurano	a el POCNE	12/7/1963		
	ANTECEDENT CAUSES		DUE TO					
DISEASES	OR CONDITIONS, if	ony, giving			V			
rise lo II	he above cause (A)	sloling the	(C)	######################################				
UNDERLYIN	IG CONDITION lost.							
	11							
Z OTHER SICK	NIFICANT CONDITIONS C	ONTRIBLITING	G					
P TO THE	DEATH BUT NOT RELA							
DISEASE OF	R CONDITION CAUSING I	Т.	The state of the s					
19A. DATE C	F OPERATION 198. CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes a	No) 20B. IF YES, WERE	FINDINGS CONSIDERED		
	WAS PERF	FORMED			IN CERRITING C.	AUSES OF DEATH?		
214 46612	ENT WAS UNDERLYING	1210	BLACE OF INTHIBY	121C WHERE DI	D /// :- P-1//	City along annual languages		
OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF	hom	ne, form, factory, street, of	fice bldg., INJURY OCCUR	??	are City, give exact location)		
DEATH (noti	fy medical examined	etc.						
<u>0</u>								
OF INJURY	(Month) (Day) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?			
(APPROX.)		Wh	ile At Not Whil					
		Wo				1		
22. I certif	y that (1) (this hespital	attended t	he deceased from /	7/7	1965 to 1	0/25 1966		
1 . (1) (	NI- I I I I I I I I I I I I I I I I I I	1 11 11 11 11	10/50	10/06	1.4	pinion death accurred on the dat		
that (I) (Wa	a) last saw the deceose	d olive on	(		that in (my) (our) of	oinion death occurred on the dat		
and hour or	nd from the couses stat	ed obove. (I	) (We) (did) (did not) v	iew the body ofter dea	th.			
23A. SIGNAT	/	/	7 ( 1, ( 11, 11, 11, 11, 11, 11, 11, 11,			23B, DATE SIGNED		
2.57. 31514	Y CAN				e. "	1 11 -		
TRI	1116 () 10	= ((1)	FU TO Phy	mding Med.	Stoff Phys.	10/27/66		
23 C. PHYSICI	IAN'S	Druce	0-000	23D. ADDRESS				
NAME	(Type)			/ 1	A COT			
1/			M.D.	1129 Al	Paul X			
4A. BURIAL CR	REMATION, 248, DATE	DAC M	AME of CEMETERY OF CRI	MATORY	D. LOCATION (	City, tawn, or county) (State)		
REMOVAL	(Specify)	24C. N	MINIE OF CENTEREN OF CKI	241	DI LOCATION (	ony, lawn, or county) (state)		
Burial	10/28/	66	Woodlawn		Roll+image	3/4		
DAI TOT		25B. NAME C		25C_FUNERAL DIREC	Baltimore	ADDRESS		
SA. DATE REC'	D RY HEALTH DEPT.							

8 1966 25C. FUNERAL DIRECTOR elle 36/7 chestman Ave,

ADDRESS

VS 150-REV. 1/1/65

10/28/66

Burial

Loudon Park

25B. NAME OF REGISTRAR

ritten approval eceased Ö shows: was dece writt

3801 Frederick Rd. Balt.Md. 21229 25C. FUNERAL DIRECTOR Lofing Byers-8728 Liberty Rd. Randallstown

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amount in the second second

BALTIMORE CITY HEALTH DEPARTMENT



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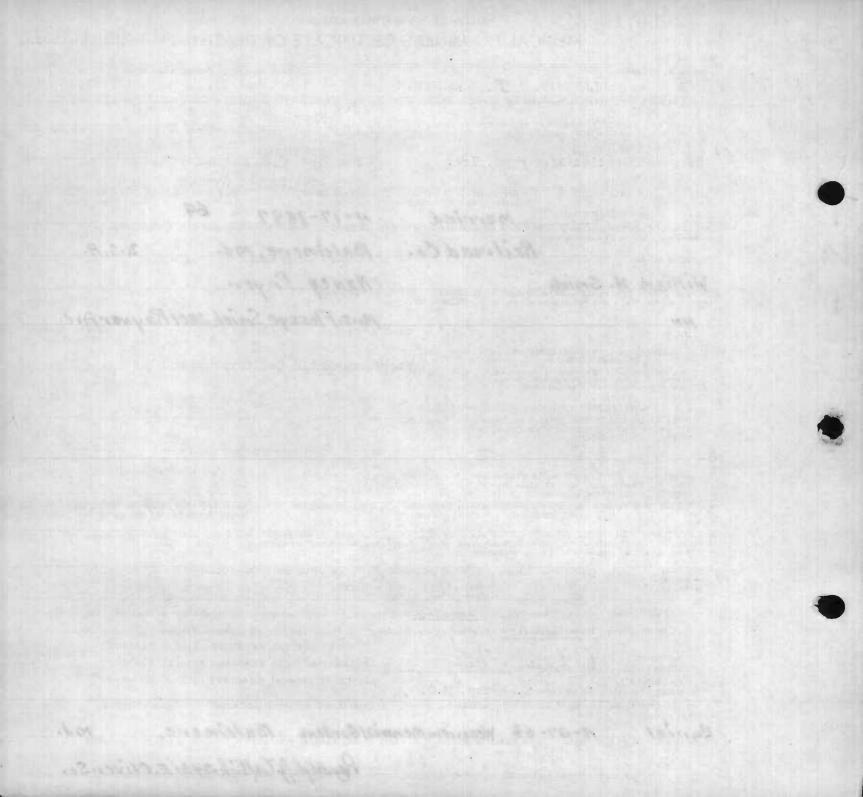
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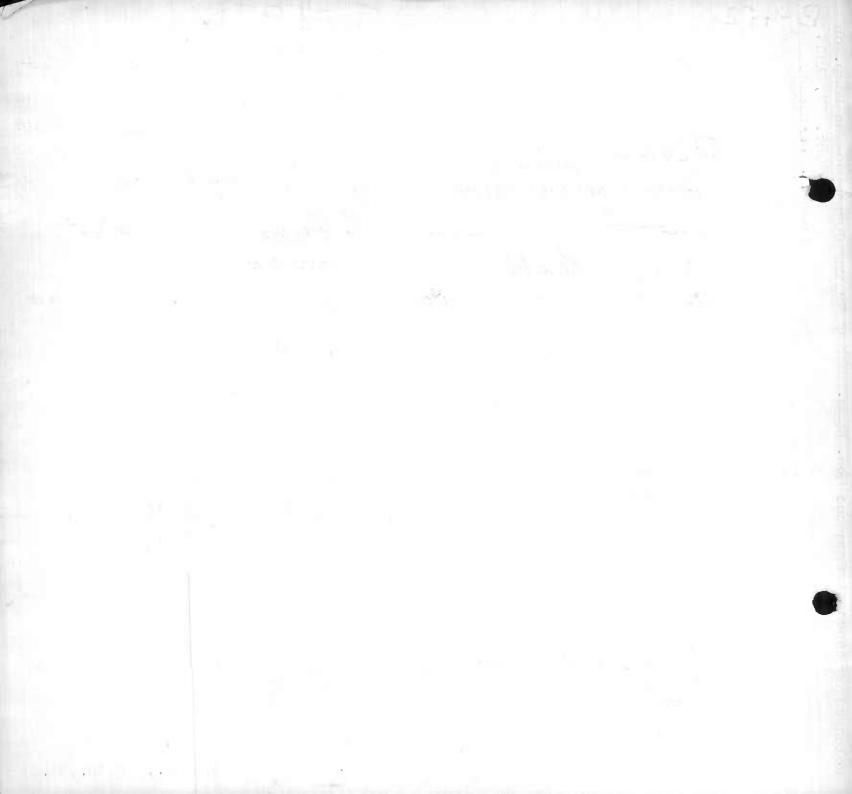
If Under 24 Hrs.

· . Element British Only THURSTON PAYME Steepmins Plane yes must seeker .... Come reporte Barre Horsen But hor mention to despe the is Graning

C 50	66 10831 BALTIMORE CITY HEA	00 10001
3-530	M.E. CASE NO.	CERTIFICATE OF DEATH Registered No. 66 10831
	(Type or Print)  CLARENCE  SMITH	October 23, 1966 12:40 A
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If autside carporote limits) write RURAL and give township)
	Maryland Baptist Aged Home, Inc.	Baltimore D. STREET ADDRESS (If rural, give laconom)
	Mary rand Baperso riged from , rines	2801 Rayner Avenue
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	8. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Manths   Days   Hours   Min.
	Male Negro Married	
	dane during most as warking life, even if retired)  Railroad Co.	Baltimore Md. 21,S, A.  14. MOTHER'S MAIDEN NAME
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor ar dates af service)  SECURITY NO.	17. INFORMANT ADDRESS
	1100	Mrs. Flossye Snith 2801 RayNer Ave.
	DISEASE OR CONDITION DIRECTLY	SE OF DEATH / INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	riosclerotic Cardiovascular Disease.
	injury or complication which coused deoth.)	
	ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  OUE TO	
	UNDERLYING CONDITION LAST.	
	III	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	, in or about 21C. WHERE DID (If in Baltimare City, give exact lacation) affice bldg., INJURY OCCUR?
	21D TIME (Manth) (Doy) (Year) (Haur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROX.) WHILE AT NOT	WHILE WORK
	I certify that I held on Inquiry Inspection X A	utapsy and that on this basis, death in my opinion
	resulted from: Natural causes X Acciden Suici	de Homicide Undetermined manner CHIEF MEDICAL EXAMINER
	SIGNATURE Charles 1 Laty M.	D. ASSISTANT MEDICAL EXAMINER X 10/23/66
	EXAMINER'S NAME (Type) Charles S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER
	23A, BURIAL CREMATION, 23B, DATE 23C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 23 D. LOCATION (City, town, or county) (State)
	Baly 12/ 24A, DATE REC'D BY HEALTH DEPT. 124B, NAME OF REGISTRAR	ma/Gardens Baltimone, Md.
	OCT 28 1966 R. Lab E. Fally	Pandalpho Callick 2431 E. Cliver St.
	VS 151-REV. 1/1/65	7 V Marghay Collick 243/ E. Cliver St.

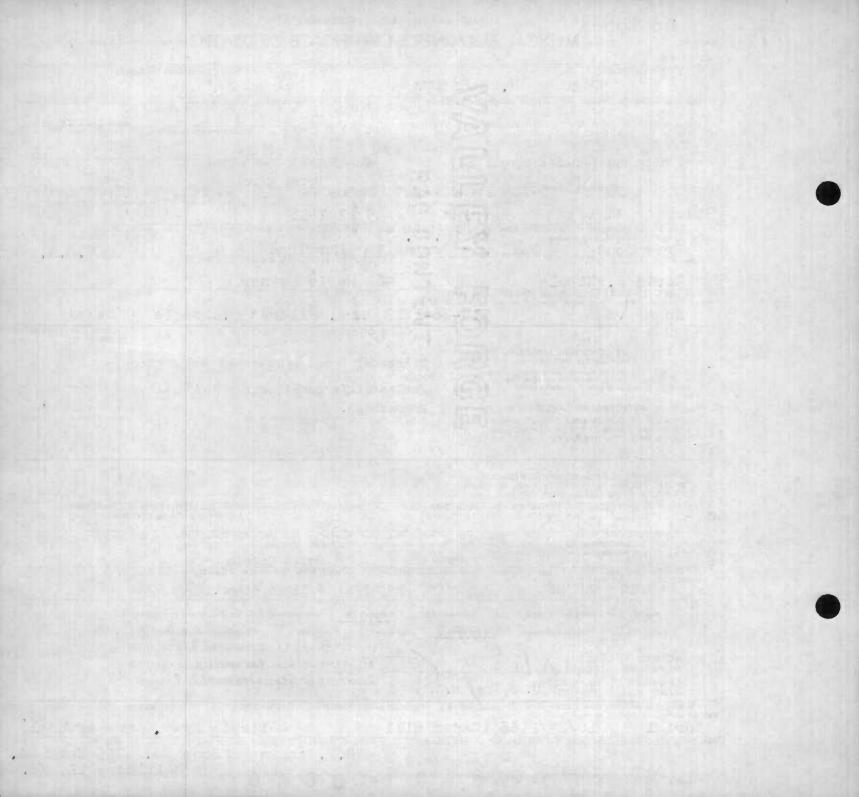


D. IIch	BALTIMORE CITY HEALTH DEPARTMENT 66 10832
() TETOE	CERTIFICATE OF DEATH
on and and eath the the	I NAME OF DECEASED . (MET TOCA DEANE DET TIMES 12. DATE AND HOUR OF DEATH
• 0) - 71 0 5	Citype or Phonil inco molissa DEANE BILLINGS DOCK 1966 1151AM
S C C C C C C C C C C C C C C C C C C C	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE  B. COUNTY
HO HO Sp Se (5) E (5) E dea	FULL NAME OF (If not in hospital or institution, give street Many 1/9 nd
	HOSPITAL OR oddress or locotion)  C. CITY OR TOWN (If outside city limits, write RURAL and give township)
cau cause;	Baltimore 21234 53-00
cau cau	D. STREET ADDRESS (If rurol, gife locotion)
Bream of the control	5. SEX 6. RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years   If Under 14 Hrs.
	WIDOWED, DIVORCED (specify)   lost birthday) ( Months Doys Hours Min.
N TO LL LO S	Temale white Child 8-14-62 To the country 12. CITIZEN OF
The series	done during most of working lile, even if retired)  WHAT COUNTRY?
	13. FATHERS NAME
	Betty Petta Prota  15. Wos Decossed Ever in U. S. Armed Forces?  16. SOCIAL 17. INFORMANT ADDRESS
star star ind ind al	(Yes, no or unknown)/Ilf yes, give wor or dotes of service) SECURITY NO.
RT RT th th th th fin	No. Chart Ronald F. Billings same
IMPORTA  or his assista  Also, if the of any kinc  ounced dea	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the made of dying, e.g.,  DUE TO  CAUSE OF DEATH  INTERVAL BETWEEN ONSET AND DEATH  (A)  DUE TO
MP his lso, of a uncounce ten ed ed	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
0 2 5 5 5	(This does not mean the made of dying, e.g., DUE TO
R. C.	hearl failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  (B) Enquited fleat during types
- Graning on Bear	ANTECEDENT CAUSES (B) MGLANCE FT ECAS ALLIEUSE 7
ECT ECT Xam	DISEASES OR CONDITIONS, if ony, giving
DIRECTOR: cal examiner. s; (3) A fractual who press in regular	rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.
D lica	
RAL D medica medica burns physician was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
R me me y by by bhy bhy ian	DISEASE OR CONDITION CAUSING IT.  1994. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 2004. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
UNER. UNER. by a m.) Body Body Body Body Body Body Body Body	WAS PERFORMED 1 - M IN CERTIFYING CAUSES OF DEATH?
FU he check by by by phy fore	U 21A ACCIDENT WAS UNDERLYING 21R PLACE DE INJURY (sen. in or about 200 WHERE DID. (If in Boltimare City, give exact location)
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
6.2 3 7	21D. TIME (Month) (Doy! (Yeer) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
0 2 0 0	OF INJURY (APPROX.) While At Work At Work
y n y n x ce	22. I certify that (1) (this hospital) attended the deceased from Sept 9 19 66 to Oct 27 19 66
any (ex (ex e obt	that (1) (we) last saw the deceased alive an OCT 27 19 66 and that is my lour) apinion death occurred on the date
pproperty be age to sed to the sed to the spital spital spital seath);	and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
approgrammer be approgrammer be approgrammer of a hospital (	2 A. SIGNATURE 7 (23 B. DATE SIGNED
52:540-	Clivicle & Enrollierises M.D. Attending Med. Director Phys. & 200+194
0 0 0 0 0 0	13C. PHYSICIAN'S NAME (Type)  23D. ADDRESS
000000	PAtout E BROOKhouses. JUhns Hopkins Hosa
certificat body was ws: (1) An D.O.A. at eased pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
This certif the body shows: (1) was D.O deceased	
	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR   ADDRESS
This the show was dece	OCT 28 1966 Robert E. Farker H. Sander & Sons, Inc., Balto., Md.
	VS 150-REV 1/1/65



5-340 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 10833

WILDIN	CAL EXAMINATION CI	ENTITICATE OF BEATTING	00 110			
M.E. CASE NO.			<u> </u>			
(Type or Print) DAVID	R. STEELE	October 25, 1966	9:30 P			
3. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If instit A. STATE  B. COUI	ution: residence before odmission)			
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCAT	OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write	Baltimore A			
		Lutherville	53-00			
Maryland General	Hospital	D. STREET ADDRESS (If rurol, give locotion)				
		Horse Circle				
	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.			
Male White	Married	9/21/1911 55	1 1 1			
done during most of working life, even if retired)	OR KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?			
President	Fallsway Spring &	Maryland	U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	U O U O D O O			
David R. Steele		Marie Butner				
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give wor or dotes		17. INFORMANT	ADDRESS			
No	218-26-1212	Mrs. Mildred P. Steele	(Same)			
18. 5 90 8.0	CAUSE	OF DEATH	INTERVAL BETWEEN			
DISEASE OR CONDITION DIRE	CTLY		ONSET AND DEATH			
LEADING TO DEATH  (This does not meen the mode of		ral Bronchopneumonia and Pur	ulent			
heart failure, asthenia, etc. It means t injury or complication which coused de	he disease,	rditis complicating Subdural				
DISEASES OR CONDITIONS, IF AN	ANTECENDENT CAUSES Hemorrhage.					
RISE TO THE ABOVE CAUSE (A) STA						
	(C)	••••••				
1						
OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING DISEASE OF CONDITION CAUSING WAS PERFO	TED TO THE					
19A. DATE OF OPERATION 198. COND	ITION FOR WHICH OPERATION	20A, AUTOPSY? (Yes or No.) 20B, IF YES, WERE FIN	DINGS CONSIDERED			
WAS PERFO	DRMED	Yes IN CERTIFYING CAUSE	es of Death?			
₹ 21 A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB-	218. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID (If in Boltimore City, give flice bldg., INJURY OCCUR?				
OUTING CAUSE OF DEATH.	Home	Horse Circle	53-00			
21D TIME (Month) (Doy) (Year) OF INJURY	(Hout) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?				
(APPROX.) 10 20 '66	m. WHILE AT NOT W	WHILE Tall on floor.				
22. I certify that I held on line	quiry Inspection Aut	opsy x ond that on this basis, death in my	y opinion			
resulted from: Natural caus	es Accident X Suicide	Homicide Undetermined monner				
1,000		CHIEF MEDICAL EXAMINER	DATE SIGNED			
SIGNATURE MANGES	M. D.	ASSISTANT MEDICAL EXAMINER				
EXAMINER'S Werner U	. Spitz M.D.	ASSOCIATE MEDICAL EXAMINER	10/26/66			
23A, BURIAL CREMATION, 23B, DATE REMOVAL (Specify)	23 . NAME of CEMETERY of	CREMATORY 23D. LOCATION (City,	town, or county) (Stote)			
Burial 10/29/1	1966 Cedar Hill	Ritchie Hywy.	Anne Arundel			
24A. DATE REC'D BY HEALTH DEPT.	24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS			
4 N 1000 A	0 = 0 Z = 0 = 0		. 4905 York Rd			
VS 151-REV. 1/1/65	100 X 8000	3 0 8 1 6 Bal	timore 12, Md.			



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

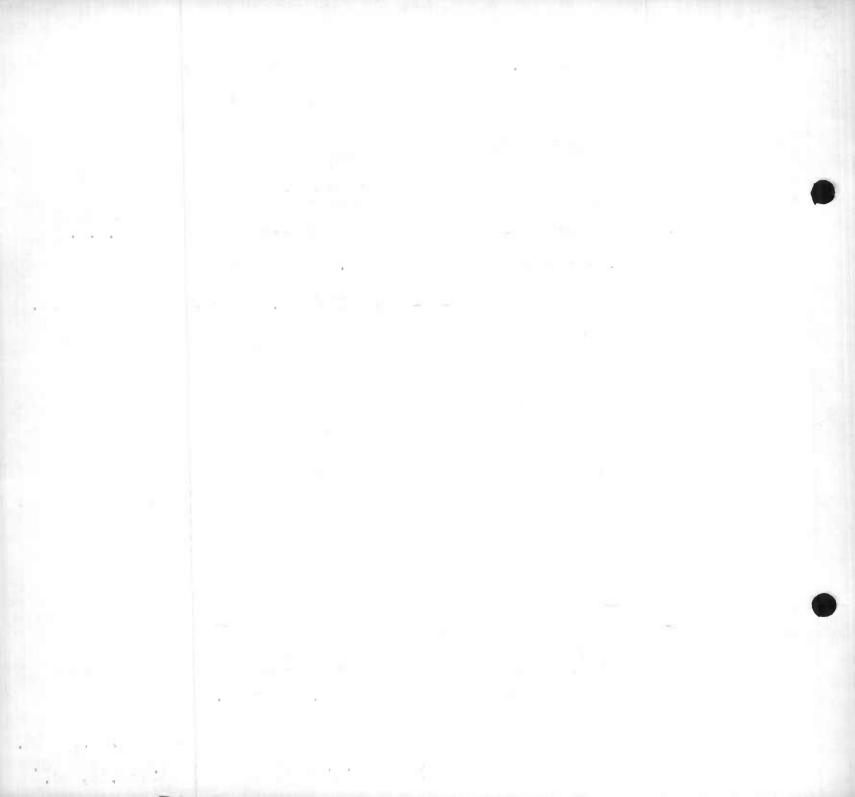
BALTIMORE CITY HEALTH DEPARTMENT

Il Under 24 Hrs.

Md.

Hours

ADDRESS



Been a more than 1979 CAR THIRD A 27.4 Three Labor Blood from Jan 6 1 11 11 10-2 10 21 66 HUNDALIN & MENTALL MERCY LOUP TO THE

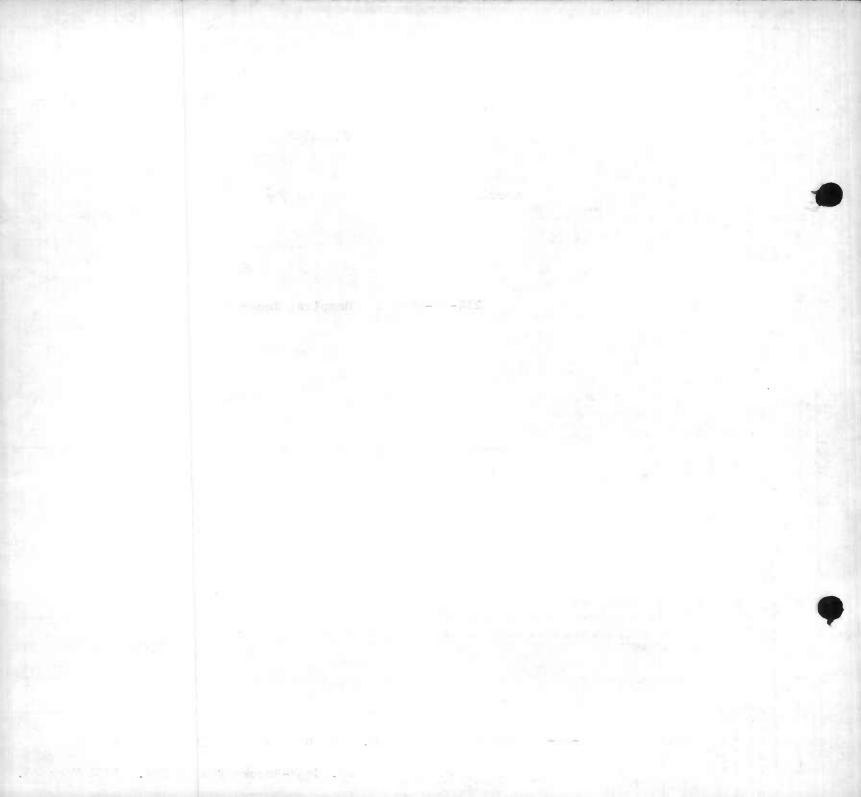
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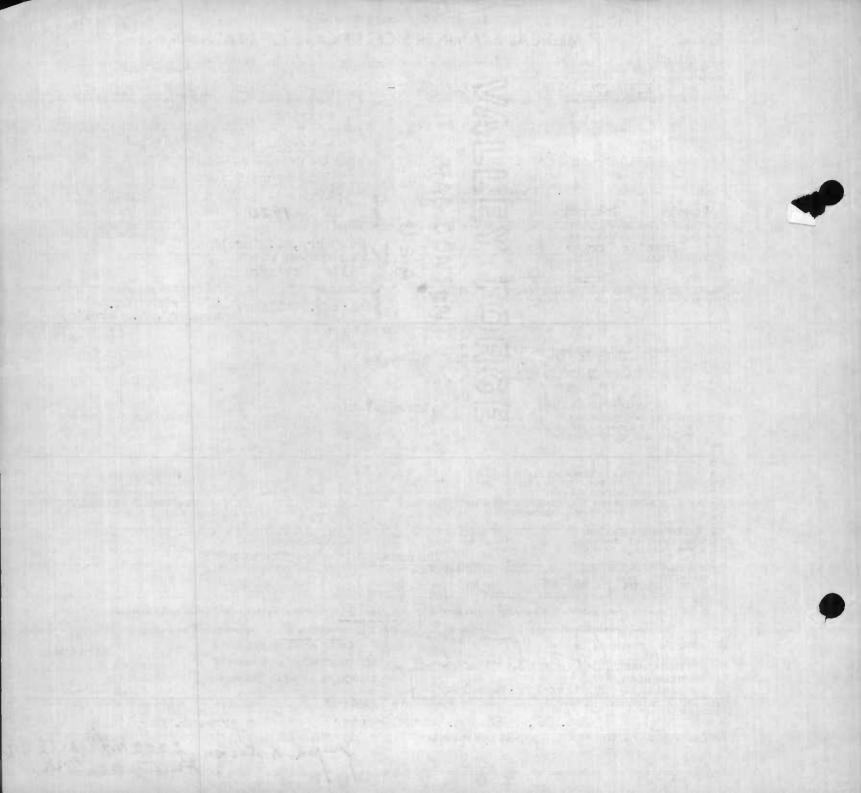
BALTIMORE CITY HEALTH DEPARTMENT

10 7 - LL 10 AND THE PROPERTY OF THE PARTY OF THE PARTY OF THE PARTY. MADDLE TADLER HIN THERMAN The Manual Control of the Control of Carrie marginal a of fee solve NIEVA U. VALLE

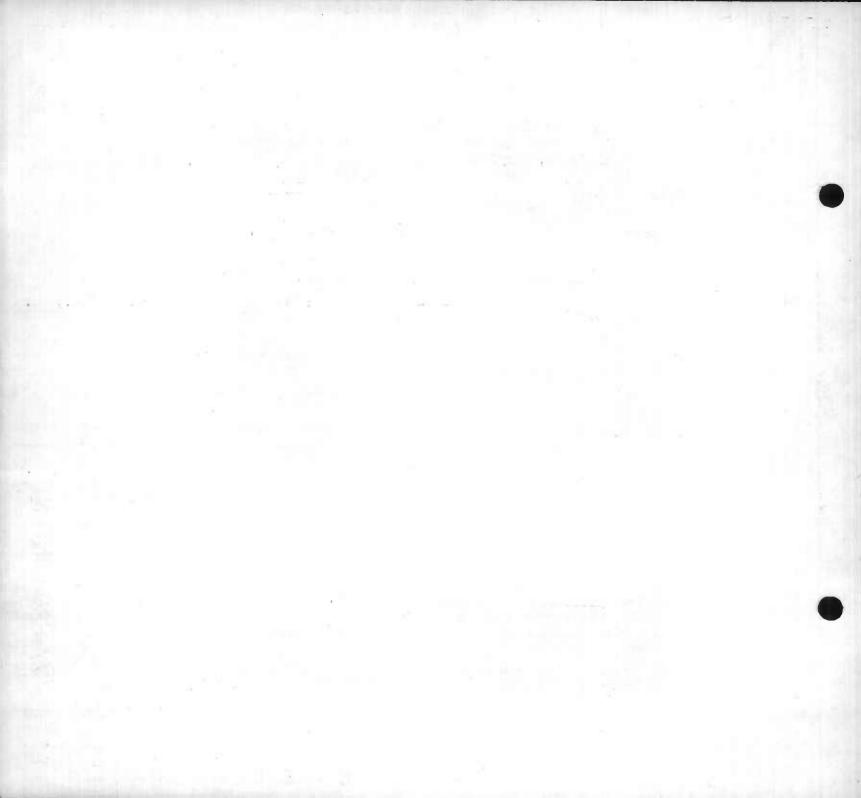


VS 151-REV. 1/1/65

BIR	TH NO.	MED	ICAL EX	CAMINER'S C	ERTIFICA	TE OF [	DEATH Registe	ered No	10000
M.	L CASE NO.								
1. I	NAME OF DE	CEASED				2. DATE AN	D HOUR PRONOUNC	ED DEAD	
,		SALETTA FO	RID	REESE (AKA #	REASES)	Octob	er 25, 1966	,	1:30 P M.
3. F	LACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO					titution: resid	dence before odmission
FILE	1 114145 05	ALC MOT IN HOSPIT	AL OR INICITI	TON CINE STREET	Man	ryland	0, 00		
HO	L NAME OF	ADDRESS OR LOCA	ATION)	JTION, GIVE STREET	C. CITY OR TO	WN (II outside	e corporate limits, writ	e RURAL or	nd give township)
IIA 2	TITUTION				Ba	ltimore	/	Carpender.	-02
	A A 1	1919 Brunt St	reet		D. STREET ADE	DRESS (If rurol,	give locotion)	- Ser-	
	) (				19:	19 Brunt	Street		
5. 5	EX	6. RACE		NEVER MARRIED	B. DATE OF BIR	тн	9. AGE (In years	If Under	1 Yr. If Under 24 Hrs.
	Female	Colored		DIVORCED (specify)		1920	last birthdays 46	Months	Days Hours Min.
		UPATION (Give kind of wor working life, even if retired)	KIOR KIND OF	BUSINESS OR INDUSTR				12. CITIZE	EN OF T COUNTRY?
Guii	_	tic Worker			Newber	ry, S. 0	arolina		
13.	ATHER'S NA	ME			14. MOTHER'S A				
		Thomas Re	objeson		Lilla	Rebinse	n		
		ED EVER IN U.S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT			ADDRESS	
(Yes	, no or unknow	(If yes, give war or dote	es of service)	SECURITY NO.	Ralph T.	. Willia	ms 1003 Fri		
	10				1		Newberry	, S. C	
	18.	83X		CAUSE	OF DEATH	8 5			ONSET AND DEATH
	DISEA	SE OR CONDITION D							
	(This does	LEADING TO DEATH		(A) Asphyx	ia	******************	*****		• 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	heart loilure	e, osthenio, etc. It meon	s the discose,	DUE TO	10				
		ANTECENDENT CAUS		(B) Strang	gulation				
		OR CONDITIONS, IF A		DUE TO					
	UNDERLYI	NG CONDITION LAST.		(6)					
O				(C)			***********		• • • • • • • • • • • • • • • • • • • •
CERTIFICATION	OTHER SIG	II  SNIFICANT CONDITIONS	CONTRIBUTU	ve.					
5	TO THE	DEATH BUT NOT RE	LATED TO T						
RTI		F OPERATION 198, CON		WHICH OPERATION	20A AUTORS	V2 (Van as Na)	20B. IF YES, WERE FI	INDINGS C	ONICIDEDED
CE	198. CONDITION FOR WHICH OPERATION WAS PERFORMED						IN CERTIFYING CAU		
EDICAL		OR CONTRIB-	21 B,	PLACE OF INJURY (e.g., , form, foctory, street,	in or about 21 C.	WHERE DID	(II in Boltimore City, g	ive exoct lo	cotion)
ă		JSE OF DEATH.	etc.)	1		Unkn			
Σ	21D TIME	(Month) (Doy) (Yea	or) (Hour) 2	Unknowr		TOW DID INJU			
7	OF INJURY .	out 10 25 '6	_		WHILE				
		70aE 10 25 0		VORK AT W	ORK	Unkn	own		
H	22. 1 cei	tify that I held on	Inquiry 🗌	Inspection Au	ropsy X or	nd that on thi	is bosis, death in	my opinior	1
	rasu	Ited from: Natural co	uses A	ccident Suicid		ide X I	Undetermined mann	er 🗆	
		1/1/	1	1		MEDICAL EX			
	ACTUA	L MA	e. The	11					DATE SIGNED
	SIGNAT	URE V	er au	M.D	ASSISTANT A				
	EXAMII NAME (	(Type) Rudiger	Breiter	necker	ASSOCIATE	MEDICAL EX	KAMINER		10/25/66
	AOVAL (Speci		23	C. NAME of CEMETERY	CREMATORY	23 D. L	OCATION (City	, town, ar c	county) (Stote)
KE/		Oct.	31, 1966	St. Marks 0	Cemetery	Ne	wberry, S.	Caroli	na
24/	DATE REC'E	BT HEALTH DEPT.		OF REGISTRAR	24C, FUNE	RAL DIRECTOR		. A	DDRESS
			- 0		1 pour	ah 4.1	Tu 20/2:	2221	m north



VS 150-REV. 1/1/65



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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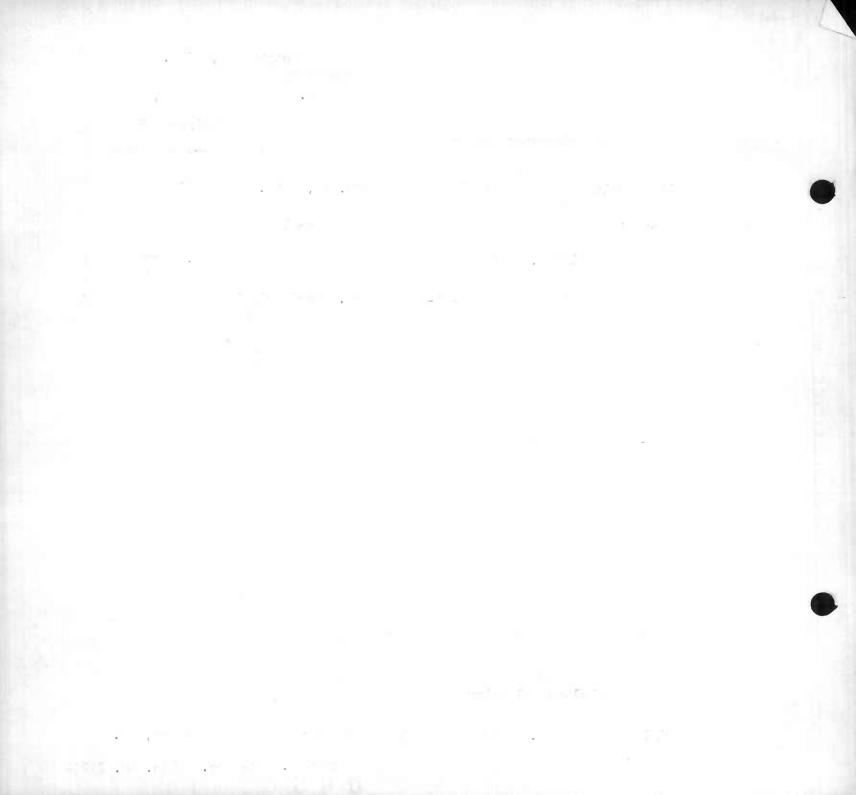
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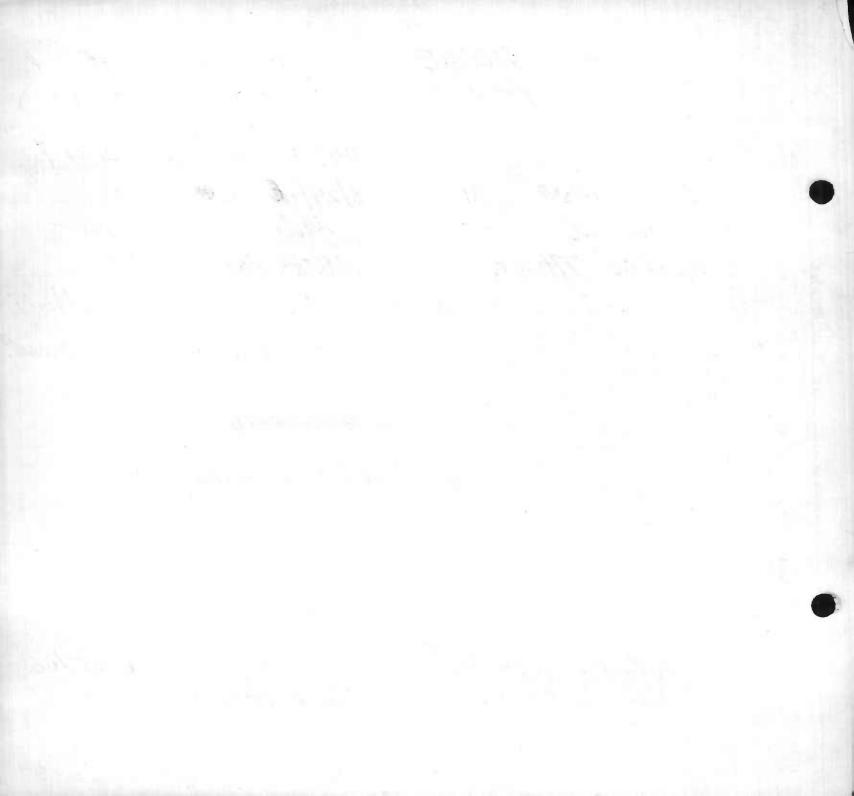
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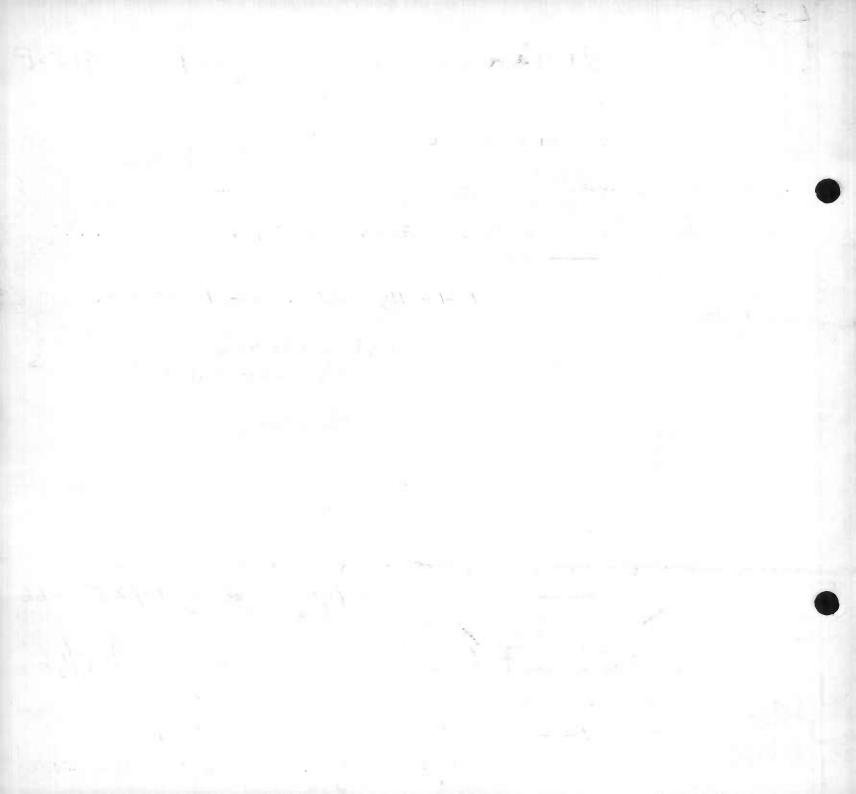
Type or Print)  ALBERT	MEEK	October 26, 1966	
3. PLACE OF OEATH IN BALTIMORE, MAR	or institution, give street	A. USUAL RESIDENCE (Where deceased lived, If is a state b. COUNTY Md.	nstitution: residence before admission)
HOSPITAL OR oddress or locotion		C. CITY OR TOWN (If outside city limits, write Baltimore	
00 5010 Delagra	ange Avenue	D. STREET ADDRESS (If rurol, give locotion) 5010 Delagrange	Avenue
5. SEX 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH Feb. 14, 1895. 9. AGE (In years lost birthdoy) 71	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
16A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Blacksmith	10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William W	. Meek	14. MOTHER'S MAIDEN NAME Anna L. He	ornung
15. Was Occased Ever in U. S. Armed Forc (Yes, no grunknown) (III yes, give wor or dates Yes WW 1	s of service)  1 6. SOCIAL SECURITY NO. 215-03-4600	17. INFORMANT Mrs. Pearl Seipple	(Same)
LEADING TO DEATH (This does not mean the made of heart foilure, asthenia, etc. It means injury or complication which coused  ANTECEDENT CAUSES	the diseose,	accuma of Lun	
DISEASES OR CONDITIONS, if or tise to the obove couse (A) UNDERLYING CONDITION lost.	stoling the (C)		
DISEASES OR CONDITIONS, if or tise to the obove couse (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS COUSE OF THE DEATH BUT NOT RELAD DISEASE OR CONDITION CAUSING IT	ONTRIBUTING TED TO THE T.  DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED
DISEASES OR CONDITIONS, if or itse to the obove couse (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS COUSEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. CONING OR CONTRIBUTION CAUSE OF DEATH (notifice medical exosis of DEATH (notification).	ONTRIBUTING TED TO THE T.  DITION FOR WHICH OPERATION	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?  re City, give exact location)
DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS COUSEASE OR CONDITION CAUSING 10  19A. DATE OF OPERATION 19B. CONTRIBUTIONS CONTRIBUTI	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED    21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, of etc.)	in or about 21C. WHERE DID (If in Boltimo	AUSES OF DEATH?
DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost.	ONTRIBUTING TED TO THE T.  DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.,)  (Hour) 21E. INJURY OCCURRED  While At Not Whill Work  At Work  ) attended the deceased from d alive an	IN CERTIFYING C.  1 or obout 21C. WHERE DID (If in Boltimo fice bldg., INJURY OCCUR?  21F. HOW DIO INJURY OCCUR?	re City, give exact locotion)  Le a 19
DISEASES OR CONDITIONS, if a set to the obave couse (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS COURT TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. CONWAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (1) (this haspital that (1) (we) last saw the decease and haur and fram the causes star 23A. SIGNATURE	ONTRIBUTING TED TO THE T.  DITION FOR WHICH OPERATION ORMED    21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, ol etc.)   (Hour) 21E. INJURY OCCURRED   While At   Not While Work   At Work   attended the deceased fram   delive an   lord work   At Work   A	IN CERTIFYING C.  The or about 21C. WHERE DID (If in Boltima inceeding), INJURY OCCUR?  21F. HOW DIO INJURY OCCUR?  19.06. and that in(my) (aur) applies the bady after death.	re City, give exact locotion)  Le a 19



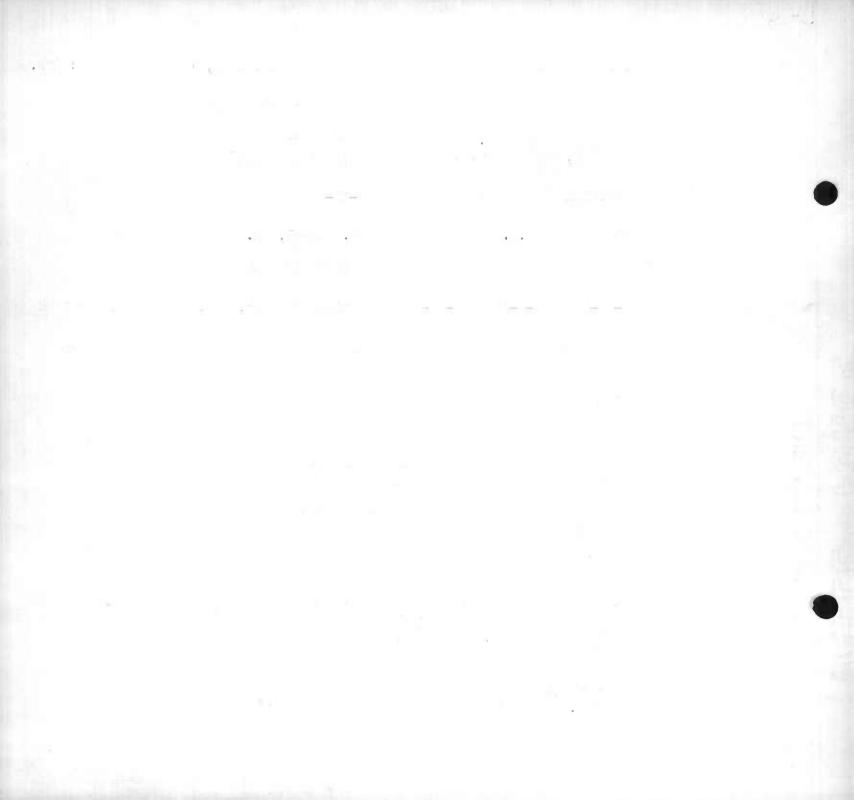
The company of the case of the F. C. Margary The HOMA BIEN E CO SURPRES TEINE 1 Wis Fr. Left Farms Yes 20 8/01 /16/01 10/01 30 2/16/21 Robert P. Double VALON The mession 1 lease



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	TY HEALTH DEPARTMENT	66 10848
	ATE OF DEATH Registered No.	00 100.10
M.E. CASE NO.	2, DATE AND HOUR OF DEATH	
Type or Print) DANIEL ISAAC DIXON	October 25, 1966	8:00 A.
PLACE OF DEATH IN BALTIMORE, MARYLAND	October 25, 1966  4. USUAL RESIDENCE (Where deceased lived. If ins	titution; residence before odmissi
	Pennsylvania Dauphin	
FULL NAME OF (If not in haspital ar institution, give street oddress or location)	C. CITY OR TOWN (If autside city fimits, write R)	URAL and give tawnship)
INSTITUTION VETERANS ADMINISTRATION NOSPITAL	Later Communication	1/-35
3900 LOCH RAVEN BLVD.	D. STREET ADDRESS (If rurol, give locotion)	
BALTIMORE, MARYLAND 21218	214 Pine Street	
SEX   6. RACE   7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Manths Days Hours Min
Male Caucasian Married (specify)	4-27-04 lost birthdoy) 62	Manths Days Hours Min
Male Gaucasian Married  OA, USUAL OCCUPATION (Give kind of work) OB, KIND OF BUSINESS OR INDUSTRI		12. CITIZEN OF
one during most of working life, even if retired)		WHAT COUNTRY?
Postal Clerk U.S. Post Office	Mt. Carmel, Pa.	USA
3. FATHER'S NAME	14. MOTHERS MAIDEN NAME	
Frank Dixon	Bridget Barrett	
5. Was Deceased Ever in U. S. Armed Forces?  (es, no or unknawn) (If yes, give wor ar dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes 5-24-40 to 9-6-43 559-14-2269	Clinical Records, VAN, Balt	imore. Marvland
	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH	ortal Cirrhosis	3 years
(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,		
injury or camplication which caused death.)		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, if any, giving		
rise to the above cause (A) stating the (C)		- 447400 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
UNDERLYING CONDITION last.		
Z CAVITA	ary Tuberculosis due to	
O TO THE DEATH BUT NOT BULLTED TO THE	cal Organism	6 months
		INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes IN CERTIFYING CAL	ISES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.		City, give exact location)
OR CONTRIBUTING CAUSE OF  DEATH (notify medicol exominer)	office bldg., INJURY OCCUR?	
5 STATE MONEY INCOME.	DIE HOW BIE DIVINEY OF SUISC	
21D. TIME (Manth) (Day) (Yeor) (Hour) 21E, INJURY OCCURRED  OF INJURY  While At   Not W	21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Wark Not W	nite ink	
22. I certify that (/) (this haspital) attended the deceased from	August 22nd 19 66 10 Oct	ober 25th 19 66
that (I/ (we) lost sow the deceased alive on October 2		
and hour and from the couses stated above. (1) (We) (did) (Aid hot)		
23A. SIGNATURE	y view the body offer deoffi.	23B. DATE SIGNED
	Attending Med. Stoff	230. DAIL SIGNED
P	Phys. Director Phys.	
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	210
RALPH H. TWINING	D. VAM Baltimore, Maryland 21	. <to< td=""></to<>
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	CREMATORY 24D. LOCATION (Cit	ty, town, or county) (Stat
REMOVAL (Specify)	La: 0 B.O.	1. 11-
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	ADDRESS
OCT 31 1966 (R. D., by E. Fallum)	Min. 90.1 0-2	I hope Paris E
	Milde Son Control 3 21	NUCH NAVEN L
'S 150~REV. 1/1/65		



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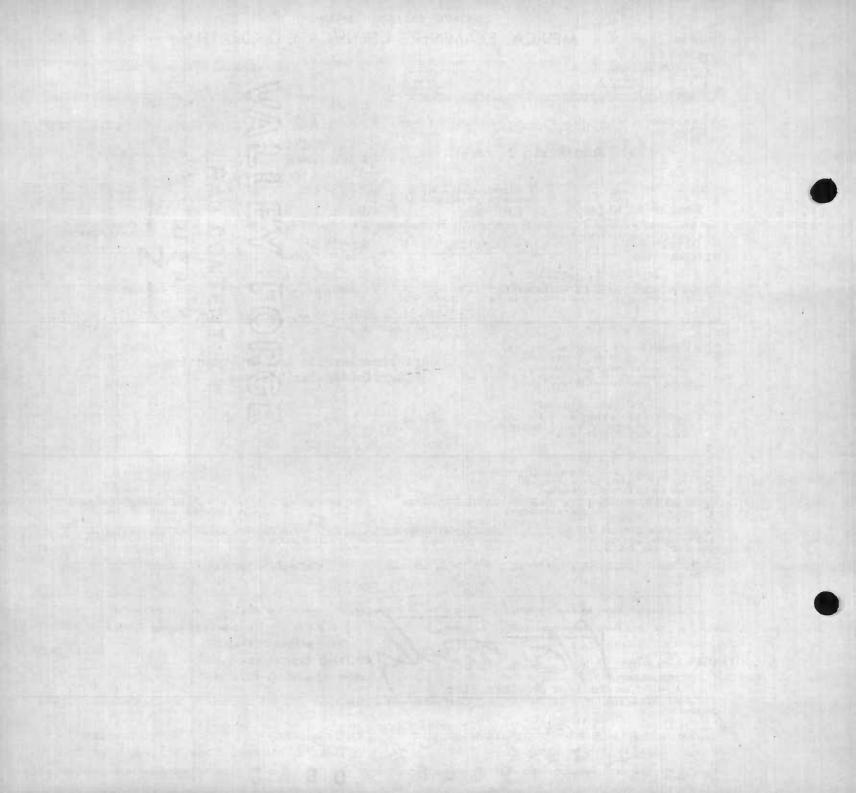
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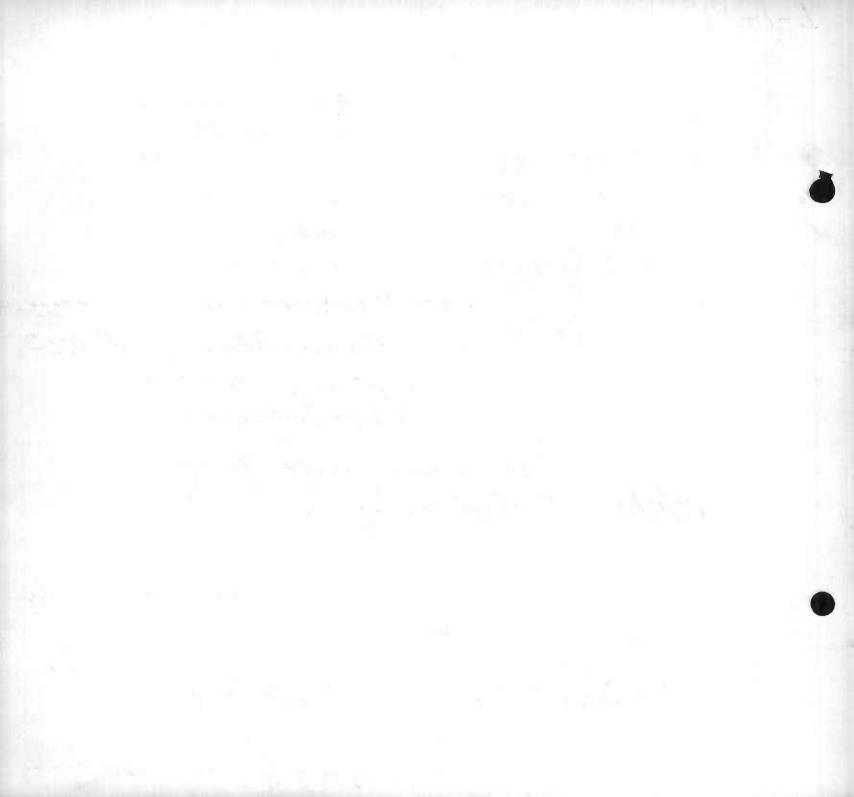
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CHERCH HAVE & HELL IN

1	66 10850 BALTIMORE CITY HEALTH DEPARTMENT	10 ==
M-635	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 1	1850-
	1. NAME OF DECEASED (Type or Print)  2. DATE AND HOUR PRONOUNCED DEAD	
	STELLA MARTIN October 26, 1966 7:00  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before the control of the	P M.
	A. STATE  Maryland  Maryland	E OUTHIS STOTH
	FULL NAME OF   (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)   C. CITY OR TOWN (If autside carporate limits, write RURAL and give town Baltimore	nship)
	D. STREET ADDRESS (If rural, give locotion)  2810 Montebello Terrace	
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Widowed, DIVORCED(specify) Widowed	nder 24 Hrs. urs Min.
	10A. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Clerk  Clothing  Maryland  12. CITZEN OF WHAT COUNTRY U.S.A.	14?
	13. FATHER'S NAME	
	Charles E. Heusler Louisa Lutz  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL 17. INFORMANT ADDRESS	
	(Yes, na arunknawn) (If yes, give war or dates af service) SECURITY NO.	
	No   212-28-8496   George J. Martin, Jr, 4305 Glen Park CAUSE OF DEATH	Road
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., head failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	ND DEATH
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED	D
	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?	
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- Or CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (if in Baltimare City, give exact lacation) home, form, factory, street, affice bldg., INJURY OCCUR?	
	21D TIME (Manth) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK	
	22. I certify that I held an Inquiry Inspection X Autapsy and that an this basis, death in my apinian	
ATT TO THE REAL PROPERTY.	resulted fram: Natural causes X Accident Syricide Hamicide Undetermined manner	
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER EXAMINER ASSOCIATE MEDICAL EXAMINER 10/27	SIGNED
	NAME (Type) Rudiger Breitenecker    23A. BURIAL CREMATION,   23B. DATE	(Stote)
	REMOVAL (Specify)	II CONTRACTOR
	Birial 10/29/66 Parkwood Cemetery Parkville, Md.  24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS	
	OCT 31 1968 O. C. J. C. M.D. Ullrich Funeral Home 4210 Belair Ro	ad

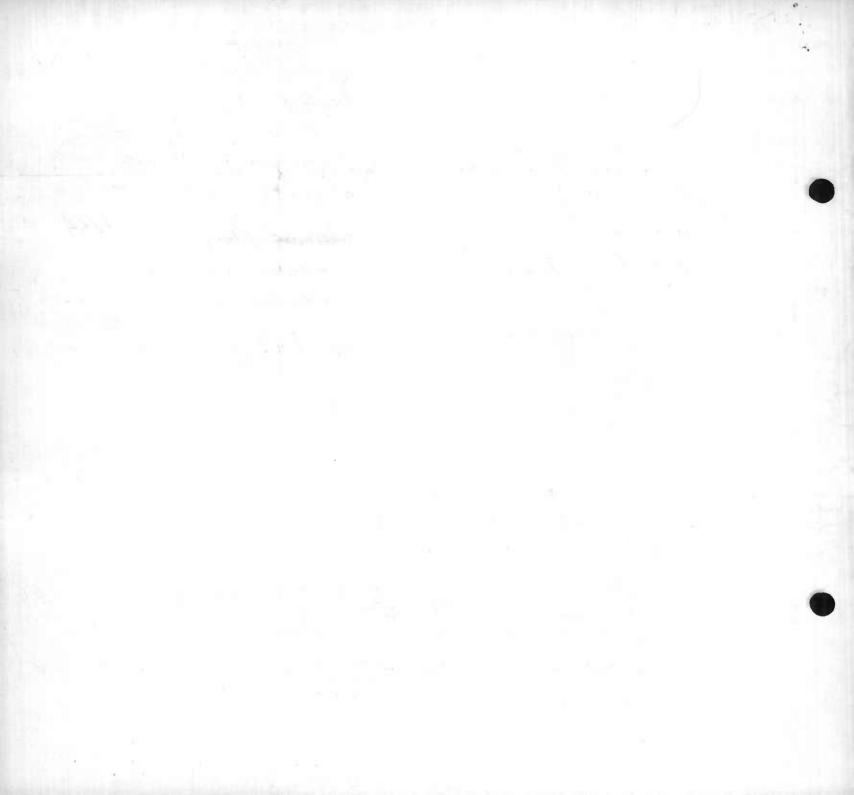




66 10852	BALTIMORE CIT	Y HEALTH DEPARTMEN		66 10852
A.E. CASE NO.	CERTIFICA	ATE OF DEAT	H Registered No	. 00 10032
NAME OF DECEASED	DAT MIS	2. DAT	E AND HOUR OF DEATH	1
MICHULAS GEO	RGE MIS	2202 10	0-26-66	111:55 A
PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. C	Where deceased lived. If OUNTY	111:55 A
FULL NAME OF (If not in hospital or institution	n, give street	MARYLANI	D	1000000
HOSPITAL OR address or location)				RURAL and give township)
UNION MEMORIAL HO	SPITAL	BALTIMOR D. STREET ADDRESS	Iff rural, give lacation)	53-01
44			SIDE RO	0.0
	D, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24
	RRIED (specify)	4-10-31	lost birthdoy)	Months Doys Hours M
IOA. USUAL OCCUPATION (Give kind of work 10B. KIND	OF BUSINESS OR INDUSTR			12. CITIZEN OF
lone during most of working life, even if retired)	CERY	MARYL	AND	WHAT COUNTRY?
SUPERVISOR   GROC		14. MOTHER'S MAIDEN		USA
GEORGE MISSOS			ERTINEZ	
	1 6. SOCIAL	17. INFORMANT	CKIINLE	ADDRESS
15. Was Deceased Ever in U.S. Armed Farces? (Yes, na ar unknawn) (If yes, give war ar dates of service				
UNK	213-28-719	MARGARET	MISSOS	56 RIVERSIDE
18.420, 1	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Da	ending Pro	your hont a	12000
(This does not mean the made of dying, e.	g., DUE TO	mayene coro	nong hears of	I Tol
heart failure, asthenia, etc. 11 means the diseas injury or complication which caused death.)	e,		E old m	ujoconarac Ing
ANTECEDENT CAUSES	B)	abouts of	- At - lung	
DISEASES OR CONDITIONS, if any, givin	DUE TO	2000	2- 0	
uise to the obove cause (A) stating the UNDERLYING CONDITION last.	ne (C)	ayourn o	Llws	iseal justiced Inf
		1	/	y K. Pm
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			U
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
	WHICH OPERATION	20 A. AUTOPSY? IYes	or No. 208, IF YES, WERE	FINDINGS CONSIDERED
2		410		
OR CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (e.g., ame, farm, factory, street,	in or about 21 C/WHERE D affice bldg., INJURY OCCU	ID III in Boltime R?	re City, give exact lacation)
DEATH Inatify medical examiner	tc.)			
U OF INJURY	TE. INJURY OCCURRED		INJURY OCCUR?	
	While At Nat Wh Wark At Wor	k 🗌		
22. I certify that (1) (this hospital) attended	the deceased from	9-26-	19 66 to	0-26 196
that (1) (we) last saw the deceased alive or	10-26	19 66 an	nd that in (my) (out) op	finian death occurred on the
and haur and fram the causes stated above.	(1) (We) (did) (did not)		*	
23A. SIGNATURE	1		-	23B, DATE SIGNED
Trank that me		ttending Med.	Staff Phys.	10-26-66
230 PHYSICIAN'S NAME IType	7	23D. ADDRESS		.0 20 00
FRANK A. CAROZZA	M.D	UNION 1	NEMORIAL	- HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY of C	C.VICI.		City, town, or county) (Sto
REMOVAL (Specify) 10/31/66 11	OLLY HILL	100		
	OLLY ITTLL	25C. FUNERAL DIRE	BALTO,	MD
me 1 27 1808 (1.6)	us. E. Fallen	2 / 00	e P	
\$ 150-PEV 1/1/65	6 6 7	Jamely	Aona	300 Ma

No. of the last of  M-680

66 10853 BALTIMORE CITY HEALT	TH DEPARTMENT
BIRTH NO. MEDICAL EXAMINER'S CE	RTIFICATE OF DEATH Registered No.6 11153
M.E. CASE NO.	
Type or Print	2. DATE AND HOUR PRONOUNCED DEAD
DONALD 77' MURRAY	October 26, 1966 3:40 P M.
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD  THE THE OF THE TOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)  11-3-60	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE  Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
H Union Memorial Hospital	D. STREET ADDRESS (If rurol, give locotion)  112 Valley Road
	B. DATE OF BIRTH 9. AGE (In years   If Under ) Yr. If Under 24 Hrs.
Male White WIDOWED, DIVORCED (specify)  MARRIED	April 341912 54
done during most of working life, even if retired)  INSURANCE AGENT  INSURANCE  INSURANCE	MT. HATCOUNTRY?  MAT. MAIDEN NAME
Joseph MURRAY	HANNAh OWINGS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	7. INFORMANT ADDRESS
NO 217-10-9160	AdelyNE MURRAY 112 Ellicott city, Mo
18. 422 / CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteric	osclerotic Cardiovascular Disease
(This does not meon the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury or complication which coused death.)	
ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO STATING THE UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes Yes
UTING CAUSE OF DEATH.	n or obout 21C. WHERE DID (If in Boltimore City, give exact location) fice bldg., INJURY OCCUR?
OF INJURY (APPROX.)	21F. HOW DID INJURY OCCUR?
22.	
resulted from: Notural auses X Accident Suicide	psy X ond that on this basis, death In my opinion  Homicide Undetermined manner
ACTUAL SIGNATURE M.D.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER X
EXAMINER'S NAME (Type) Rudiger Breitenecker	ASSOCIATE MEDICAL EXAMINER 10/27/66
23A. BURIAL CREMATION, 28B. DATE 23C. NAME of CEMETRY OF REMOVAL (Specify) 10/29/66 MONTGOMARY C	CREMATORY 23D. LOCATION (City, town, or county) (Stote)  Chapel Cen. DAMASCUS Mel.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
OCT 27 1966 Oct 6-8 Fre Oct 40	E.S. War Mall 301 Frederick Rd.
VS 151-REV. 1/1/65	5 0 5 0 0 BILLIO LIST MA



10855

BIRTH NO.

M.E. CASE NO.

I. NAME OF DECEASED

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10855

If Under 24 His.

Registered Na.

2. DATE AND HOUR OF DEATH

5-621 BRTH NO. 10856

BIRT	TH NO.	MED!	ICAL EX	AMINER'S C	ERTIFICATE OF I	DEATH Registe	red No. 66	10856
_	E CASE NO.							
	Pe ar Print)					D HOUR PRONOUNCE		
	1	EONARD J.		SHREWSBURY		er 26, 1966		40 P M.
3. F	LACE IN BA	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where A. STATE	deceased lived. If insti B. COU	itutian: residence be INTY	efore admissian)
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside	e corporate limits, write	RURAL and give	ta waship)
,,,,,		ion Memorial	Hospita	1	Baltimore D. STREET ADDRESS (If rurol,	give location)	- 05	
	77				2614 N. Ca	alvert Stree	et	
5. \$	EX Male	6. RACE White		NEVER MARRIED DIVORCED (specify)	Jan. 7, 1891	9. AGE (In years last birthday)	If Under 1 Yr. If Manths Doys	Under 24 Hrs. Hours Min.
					11. BIRTHPLACE (State or foreig		12. CITIZEN OF	1
	Miner  FATHER'S NA	warking life, even if retired)	Coal	Mine	West Virginia		USA COUN	NTRY?
10.	LWILLEY 2 IAW							
10	MAS DECEM	Charles Shrew	sbury	D. CO.CLA)	Martha Heri	ndon	400000	
		n) Ilf yes, give war or date		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	No			235 10 1864	Cynthia Shrewsb	ury Same		
MEDICAL CERTIFICATION	(This does heart failure injury or continuity or continuit	ASE OR CONDITION DI LEADING TO DEATH not mean the mode of e, asthenia, etc. It means amplication which caused  ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' ING CONDITION LAST.  II CONDITION LAST.  II CONDITION CAUSING OF OPERATION 198. CON WAS PER AL CAUSE WAS  OR CONTRIB- USE OF DEATH.	dying e.g., the disease, death.)  SS NNY, GIVING TATING THE  CONTRIBUTIN LATED TO T GIT. IDITION FOR V FORMED	(A) Arteri DUE TO  (B) DUE TO  (C)  NG HE  WHICH OPERATION  PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or No)  In or about 21C. WHERE DID INJURY OCCUR?	208. IF YES, WERE FII	NDINGS CONSIDE	AL BETWEEN AND DEATH
Σ	21D TIME OF INJURY	(Month) (Day) (Yea		1E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?		
	22.		m. V	VORK AT W	WHILE ORK			
	l ce	rtify that I held an I lited from: Natural ca			e Hamicide U	is basis, death in m Indetermined manne		
	ACTU/ SIGNA	AL TURE	loli	wally.0	ASSISTANT MEDICAL EX	(AMINER X	DAT	E SIGNED
	NAME	NER'S Rudiger I			ASSOCIATE MEDICAL EX			/27/66
	AOVAL (Spec		23	C. NAME OF CEMETERY	CREMATORY 23D. L	OCATION (City,	town, or county)	(Stote)
	Remova]		66	Keyser-Bryant	Funeral Home B	eckley. W. V	Va.	
24/	. DATE REC'	BY HEALTH DEPT.		OF REGISTRAR	24C. UNERAL DIRECTOR	Lughen	ADDRESS.	
VS	151-REV. 1/	/65 3 T 1965	9	3 76 TO Charles	- Bruzdzinski A	uneral Home	1407 East	ern Ave.

balance to the second Carolina and Livery Super-Legant Fore Seattlet, N. Va. And reputation that it may be story and the state of the

## S-66 10857 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered N.66 10857

	NO.		MILDI	CALLA	MINITERS	LKIIIICA	IL OI L	LA III wagisha	100 1100	
	CASE NO.	STACED.					To DARR AME	HOUR PRONOUNC	TO DEAD	
(Type	AME OF DEC	E	RNI	ESTL	SAWYE	FR	ver	29/6	6	445AM
3. PL	ACE IN BALT	IMORE, MARY	LAND, W	HERE PRONOL	INCED DEAD	I A. STATE	200.	A B. COL	litution: resid	ence before agingsion)
FULL	NAME OF	(IF NOT II	N HOSPITA	AL OR INSTITU	TION, GIVE STREET			nl	-	
HOS	PITAL OR TUTION	ADDRESS	OR LOCA	TION)		C. CITT OK 10	All outside	corporate limits, write	a Ku KAungn	give township/
		A of			-L.O	Dol	hono	re	~	
1	37	Merc	41	laspi	lac	D. STREET ADD		utt Hav	over	r Street
5. SE	Х	6. RACE			NEVER MARRIED	B. DATE OF BIRT	M	9. AGE (In years lost birthdoy)		1 Yr. If Under 24 Hrs. Doys, Hours, Min.
N	rale	Whit	e	Sin	OIVORCED (specify)	Jan. 8,	1950	1/0	1	110013
					BUSINESS OR INDUST			country)	12. CITIZE	
done	during most of v	working life, ever	if retired)	Sch	00]	Ral	to. Md.		US	T COUNTRY?
13. F	ATHER'S NAM	A E		0011	001	14. MOTHER'S M			100	65
		t L. Sav					y Schwei	itzer		
		D EVER IN U.			16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	No				None	Mrs. Bet	ty Sawy	er 17	37 S.	Hanover St.
1	8,	054	- 1		CAUS	SE OF DEATH				INTERVAL BETWEEN
4	DISCA	1 /1	ITION DU	ALCEI V		0	2			ONSET AND DEATH
	DISEM	SE OR COND LEADING T			w	Intlint	2 /11	turies.	2.5	
	heart failure,	not mean the , asthenia, etc. mplication whic	It meons	the diseose,	DUE TO					***************************************
									3.33	
		OR CONDITION			(B)			•••••		***********
	RISE TO TH	E ABOVE CAL	JSE (A) ST	ATING THE	DUE 10					
Z	ONDERLIN	NG CONDITIO	JN LASI.		(C)					•••••
은		11								
S		NIFICANT COL								
ERTIFICATION		R CONDITION			nc					• • • • • • • • • • • • • • • • • • • •
CER	9A. DATE OF	OPERATION	198, CON WAS PER		WHICH OPERATION	20A. AUTOPSY		208. IF YES, WERE FI		
7	A. EXTERNA	L CAUSE WA	S	21 B.	PLACE OF INJURY (e.a.	in or obout DIC. V	WHERE DID	If in Baltimare City, a	ive exact la	cotion)
OI	INDERLYING	OR CONTRIB		home etc.)	PLACE OF INJURY (e.g., form, factory, street,			155	: 00. 1	ive and Prat
T _					STreet		corne		ines u	DE MANITAL
l d	TIME TIME	(Month) (D	ay) (Yeor		TE INJURY OCCURRED		DENI DID MO	1	. 11	3/2
	APPROX.)	10 2	9 66	7 m. V	VHILE AT NOT	WORK X CA	r went	OVEFD09	ra / ]	passenger
1	22. I cer	tify that I he	ld an l	nquiry 🗌	Inspection .	utapsy X an	d that an thi	s basis, death in r	my opinian	
	resul	Ited fram: No	atural car	uses A	ccident 📈 Suici	de Hamici	ide 🗌 U	Indetermined mann	er 🗌	
				1		CHIEF M	EDICAL EX	AMINER _		
	ACTUA		sus	4.5	M.					DATE SIGNED
	SIGNAT	9	, , ,	1	W.	ASSOCIATE M			. 29.	1966
	NAME (	Type) We	erner	U. Spit	z, M. D.					
	BURIAL CRE OVAL (Specif	MATION, 23E	DATE		C. NAME of CEMETERY	or CREMATORY	23 D. LC	CATION (City	, town, or c	county) (Stote)
24A.	Burgal	BY HEALTH C	1 1 1 DEPT.	966 248, NAME	Cedar Hi		Bro AL DIRECTOR	oklyn, A. A	. Co.	DDRESS
		30T 04		1	0 7 0			120		
		10 31	1966	( Sec)	En Jan Jewan	MC	Cully	130	r. ro	rt Ave.
MC 1	51_PEV 1/1/	165		The same of	4 34	3	-			

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	DE OF DECEASED  DE OF PRINTIP	ABRAMO	WITZ		10	27/66	
3. F	PLACE OF DEATH IN BALTIM			4. USUAL RES	_ /	deceased lived. If in:	stitution: residence be
	FULL NAME OF (II not in	n hospital or institution,	. give street	10	lD.		
- 1	HOSPITAL OR oddress NSTITUTION	or location)		C. CITY OR TO		e city limits, write 🔑	UPAR old give town
	0 11	Haca		D. STREET AD	LTIMORR	, give location)	11-0
5	8 University	HOSPI	IAC	391	9 FORD		2
5. 5	EX 6. RACE	7. MARRIED	D, NEVER MARRIED ED, DIVORCED (specily)	B. DATE OF BI	RTH 9.	AGE (In years birthdoy)	If Under 1 Yr. II Months: Doys Ho
	FU	(4)	DO WED	3/5/8	8	18	
	. USUAL OCCUPATION (Give & during most of working life, even		OF BUSINESS OR INDUS		E (State or foreign	country)	12. CITIZEN OF WHAT COUN
12	A THEM ALALA				USIA		USC
13.	FATHER'S NAME	- 1. 6.	3-	14. MOTHERS	MAIDEN NAME		
15	Wos Deceased Ever in U. S.	Armed Forces?	1 6. SOCIAL	17. INFORMAN	unkn	run	ADDRESS
(Ye	s, no or unknown) (If yes, give w	vor or dotes of service)	SECURITY NO.	THE ORIVIAN	- 0		
_	18.		CAUS	E OF DEATH	Dhapiro	- 340	2 Winless
	DISEASE OR CONDI	TION DIRECTLY			^		ONSET AN
	LEADING TO	DEATH	(A) R	IPTURE	PARILLARY	Musck	4
	(This does not meon the heart failure, asthenio, etc.	It meons the disease	i, Dut 10			1	
	linius or complication which	h coused death)	//	. A			
	injury or complication whic		(B)	wit Myo	CARDINC	DIMONO	<u> </u>
	ANTECEDENT DISEASES OR CONDITIO	CAUSES ONS, if any, giving		,		107mcris	
	ANTECEDENT	CAUSES ONS, if any, giving use (A) staling the		euré Myo Intéralcu		lptxc/2	
	ANTECEDENT DISEASES OR CONDITIO	CAUSES ONS, if any, giving use (A) staling the		,		DAKCI'S	
TION	ANTECEDENT DISEASES OR CONDITION TISE TO THE STORM TO THE DEATH BUT NO THE BUT N	CAUSES  ONS, if any, giving use (A) stating the lost.  OITHONS CONTRIBUTING TO TRELATED TO T	e (C)	,		S A SANGER	
FICATION	ANTECEDENT DISEASES OR CONDITION TISE TO THE OF OPERATION  ANTECEDENT TO THE DEATH BUT N DISEASE OR CONDITION TO THE DEATH BUT N DISEASE OR CONDITION C	CAUSES  ONS, if any, giving use (A) stating the lost.  OITHONS CONTRIBUTING RELATED TO TAUSING IT.	e (C)	+ m+ Exacco	<u>Egrosis</u>		year
ERTIFICATION	ANTECEDENT  DISEASES OR CONDITION  rise to the above con UNDERLYING CONDITION  OTHER SIGNIFICANT COND TO THE DEATH BUT N DISEASE OR CONDITION C  19 A. DATE OF OPERATION	CAUSES  ONS, if any, giving use (A) stating the lost.  ONTHONS CONTRIBUTING TRELATED TO TAUSING IT.  198. CONDITION FOR WAS PERFORMED	NG HE	POPE AUTO	STOUSTS	20B. IF YES, WERE F N CERTIFYING CAL	INDINGS CONSIDE
CERTIFIC	ANTECEDENT  DISEASES OR CONDITION  rise to the above control  UNDERLYING CONDITION  OTHER SIGNIFICANT CONDITION  TO THE DEATH BUT IN DISEASE OR CONDITION CONDITION  19.A. DATE OF OPERATION  21.A. ACCIDENT WAS UNDER  OR CONTRIBUTING CAUS	CAUSES  DNS, if any, giving use (A) stating the lost.  DITIONS CONTRIBUTING TRELATED TO TAUSING IT.  TIPBE CONDITION FOR WAS PERFORMED  ERLYING 21 ho	NG HE WHICH OPERATION  18. PLACE OF INJURY (e. mme, lorm, loctory, stree	POPE AUTO	STOUSTS	20B. IF YES, WERE F N CERTIFYING CAL	INDINGS CONSIDE
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ICAL CERTIFIC	ANTECEDENT  DISEASES OR CONDITION  TISE TO THE OBOVE CONTINUE  OTHER SIGNIFICANT CONDITION  TO THE DEATH BUT TO THE DEATH TO THE TENTE THE DEATH TO THE TENTE THE DEATH TO THE TENTE	CAUSES  ONS, if any, giving use (A) staling the lost.  OITHONS CONTRIBUTING TRELATED TO TAUSING IT.  TIPBE CONDITION FOR WAS PERFORMED  ERLYING 121  ERLYING 211  ERLYING 211	NG (HE  WHICH OPERATION  IB. PLACE OF INJURY (e. me, lorm, loctory, stree c.)  E. INJURY OCCURRED  While At Not Not Not Not Not Not Not Not Not No	20 A. AUTOI  .g., in or obout 21 C. 1 t, office bldg., INJU	STOUSTS	20B. IF YES, WERE F N CERTIFYING CAL (II in Boltimore	INDINGS CONSIDE
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CAL CERTIFIC	ANTECEDENT DISEASES OR CONDITION TISE IO the above con UNDERLYING CONDITION  OTHER SIGNIFICANT COND TO THE DEATH BUT N DISEASE OR CONDITION C  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUS DEATH (notify medical examination) 21D. TIME (Month) (Do) OF INJURY (APPROX.)  22. I certify that (4) (this that (1) (100) last saw the ond hour and from the continuation.	CAUSES  ONS, if any, giving use (A) stating the lost.  ONTRIBUTING TRELATED TO TAUSING IT.  19B. CONDITION FOR WAS PERFORMED  ERLYING hoe et et was a state of the lost.  (Year) (Hour) 21 WW.  hospital) attended deceosed olive on.	NG HE WHICH OPERATION  B. PLACE OF INJURY (e.mme, loctory, stree c.)  E. INJURY OCCURRED While At Not Not Not Not Not Not Not Not Not No	20 A. AUTOI  de office bldg., INJU  While 21F. I	PSY? (Yes or No) :  WHERE DID RY OCCUR?  HOW DID INJUR  ond that	20B. IF YES. WERE F N CERTIFYING CAL (II in Boltimore Y OCCUR?	Uplows.  Sindings Considerates  Set of Death?  City, give exect local
CAL CERTIFIC	ANTECEDENT DISEASES OR CONDITION TISE IO the above con UNDERLYING CONDITION  OTHER SIGNIFICANT COND TO THE DEATH BUT N DISEASE OR CONDITION C  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUS DEATH (notify medical examination) 21D. TIME (Month) (Do) OF INJURY (APPROX.)  22. I certify that (4) (this that (1) (100) last saw the ond hour and from the continuation.	CAUSES  ONS, if any, giving use (A) stating the lost.  ONTRIBUTING TRELATED TO TAUSING IT.  19B. CONDITION FOR WAS PERFORMED  ERLYING hoe et et was a state of the lost.  (Year) (Hour) 21 WW.  hospital) attended deceosed olive on.	NG INE  WHICH OPERATION  IB. PLACE OF INJURY (e. me, lorm, loctory, stree c.)  E. INJURY OCCURRED  While At At W  the deceosed from  (I) (Wa) (did) (did as	20A. AUTO  .g., in or obout 21C. 1  t, office bldg., INJU  While 21F. 1  While 319 200  Attending 3	PSY? (Yes or No) WHERE DID RY OCCUR?  O ond that ofter death.	20B. IF YES. WERE F N CERTIFYING CAL (II in Boltimore Y OCCUR?	City, give exact los
MEDICAL CERTIFIC	ANTECEDENT  DISEASES OR CONDITION  rise to the above con UNDERLYING CONDITION  OTHER SIGNIFICANT COND  TO THE DEATH BUT N DISEASE OR CONDITION C  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUS DEATH (notify medical examination)  21D. TIME (Month) (Doy OF INJURY (APPROX.)  22. I certify that (4) (this that (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	CAUSES  ONS, if any, giving use (A) stating the lost.  OITHONS CONTRIBUTING TRELATED TO TAUSING IT.  119B. CONDITION FOR WAS PERFORMED  ERLYING   21 ho etc.  (Y) (Year) (Hour) 21  W  hospital) attended deceased alive on uses stated above.	NG INE  WHICH OPERATION  IB. PLACE OF INJURY (e. me, lorm, loctory, stree c.)  E. INJURY OCCURRED  While At At W  the deceosed from  (I) (Wa) (did) (did and me)  M.D.	20 A. AUTO  19., in or obout 21 C.  1, office bldg., INJU  21 F. I  White 19 6  Attending Phys.  23 D. ADDRESS	PSY? (Yes or No)  WHERE DID  RY OCCUR?  HOW DID INJUR  Ond that  ofter deoth.  Med.  Director  Ph	20B. IF YES. WERE F N CERTIFYING CAL (II in Boltimore Y OCCUR?	City, give exact to
MEDICAL CERTIFIC	ANTECEDENT  DISEASES OR CONDITION  rise to the above con  UNDERLYING CONDITION  OTHER SIGNIFICANT COND  TO THE DEATH BUT N  DISEASE OR CONDITION C  19.A. DATE OF OPERATION  21.A. ACCIDENT WAS UNDE  OR CONTRIBUTING CAUS  DEATH (notify medical examination)  21.D. TIME (Month) (Do)  CAUS  OF INJURY (APPROX.)  22. I certify that (1) (this that (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	CAUSES  ONS, if any, giving use (A) staling the lost.  OITHONS CONTRIBUTING TRELATED TO TO AUSING IT.  TIPBE CONDITION FOR WAS PERFORMED  ERLYING   21 hours   21 www.  Whospital) attended deceosed olive on uses stated above.  DATE   Queen   24C. N	IB. PLACE OF INJURY (e.mme, lorm, loctory, stree c.)  E. INJURY OCCURRED (hile At   Not Vork	20 A. AUTO  19., in or obout 21 C.  1, office bldg., INJU  21 F. I  White 19 6  Attending Phys.  23 D. ADDRESS	PSY? (Yes or No) WHERE DID RY OCCUR?  O ond that ofter death.	OB. IF YES, WERE F N CERTIFYING CAL (II in Boltimore Y OCCUR?	City, give exoct loc  238. DATE SIGNED  10/27  SPITAL  y, town, or county)
MEDICAL CERTIFIC	ANTECEDENT  DISEASES OR CONDITION  TISE IO THE GOVERNMENT CONDITION  OTHER SIGNIFICANT CONDITION  OTHER SIGNIFICANT CONDITION  OTHER DEATH BUT IN DISEASE OR CONDITION C  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDER  OR CONTRIBUTING CAUS  DEATH (notify medical examination)  21D. TIME (Month) (Doyo In Jury (APPROX.)  22. I certify that (4) (this that (I) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	CAUSES  ONS, if any, giving use (A) stating the lost.  ONTRIBUTING TRELATED TO TAUSING IT.  198. CONDITION FOR WAS PERFORMED  RELYING here  (Y) (Year) (Hour) 21  WW  Company the lost of	NG INE  WHICH OPERATION  IB. PLACE OF INJURY (e. me, lorm, loctory, stree c.)  E. INJURY OCCURRED  While At At W  the deceosed from  (I) (Wa) (did) (did and me)  M.D.	20A. AUTO  .g., in or obout 21 C. 1  t, office bldg., INJU  21F. I  White   19   Attending  Phys.  23D. ADDRESS  A.D.  CREMATORY	PSY? (Yes or No)  WHERE DID RY OCCUR?  HOW DID INJUR  Ond that ofter death.  Med. Director  Ph	OB. IF YES, WERE F N CERTIFYING CAL (II in Boltimore Y OCCUR?	City, give exact local l

A



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Clark Mayor Stope 5 Company that I want atmoster Her Don THE B BURY IMPORTANT

DIRECTOR:

FUNERAL

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Probable magazital infarition.

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TITLE . I MALE

without the contract

TO THE REAL PROPERTY.

M.E. CASE NO.	MEDI	CALE	KAMINER'S C	EKTIFICA	E OF	DEATH Register	red No	
I. NAME OF DEC	EASED				2. DATE AN	D HOUR PRONOUNCE	D DEAD	
(Type or Print)	KAT	TE E. H	HIGHTOWER			ber 28, 196		12:50 A.
3. PLACE IN BALTI	MORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE	ryland	deceased lived. If insti B. COU	tution: resid	lence before odmissio
FULL NAME OF HOSPITAL OR NSTITUTION	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET		w/	e corporate limits, write	RURAL on	nd give township
62	4 Linnard St	root		D. STREET ADD	1timore		0	6
000	.+ Dimiara Di	reel				rd Street		
	S. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT		9. AGE (In years lost birthday)	If Under Months	1 Yr. If Under 24 Hr Days Hours Min.
Female	Negro	TOB. KIND O	F BUSINESS OR INDUSTR	12 PIRTHPLACE	State or foreign	74	12. CITIZE	N OF
	orking life, even if retired)	AL	forms	TAC:	/	A		COUNTRY?
FATHER'S NAM				14. MOTHER'S M	AIDEN NAM	E		
WAS DECEASED	EVER IN U.S. ARMED	FORCES?	116. SOCIAL	17. JNFORMANT	4		ADDRESS	
	If yes, give war or date		SECURITY NO.	Bei	T	- k- 1200	Lini	Annin CA
18.	0.0		CAUSE	OF DEATH	10/11/	ile og he	1000	INTERVAL BETWEEN
	E OR CONDITION DI							ONSET AND DEATH
(This does no	LEADING TO DEATH	dying e.g.,	(A) Arte	riosclero	tic hea	rt disease		**************************************
heart failure,	osthenio, etc. It meons plication which caused	the disease, deoth.)	20110				4	
AI	NTECENDENT CAUSE	5					7113	
RISE TO THE	R CONDITIONS, IF A		DUE TO	******************************		**************************************		**************************************
	G CONDITION LAST.		(C)	00		•		
TO THE E	II SECANT CONDITIONS DEATH BUT NOT REL	ATED TO 1						
19A. DATE OF	OPERATION 198. CON WAS PERI	DITION FOR	WHICH OPERATION		? (Yes or Nol	208. IF YES, WERE FIN		
21A. EXTERNAL UNDERLYING D UTING CAUS	OR CONTRIB-	21 B. home	PLACE OF INJURY (e.g., e, farm, foctory, street,	in or about 21C. V	WHERE DID	(If in Boltimore City, give	ve exact la	cation)
21 D TIME OF INJURY	(Manth) (Doy) (Year		TE. INJURY OCCURRED		ILNI DID WC	JRY OCCUR?		
(APPROX.)		m.	WHILE AT NOT	WHILE ORK				
1 certl	fy that I held on I		Inspection X Au	tapsy one	that on th	is bosis, death in m	y apinion	
result	ed from: Notural cou	ses X	Accident Suicid			Indetermined monne	er	
ACTUAL		s s.	Jah Mo	ASSISTANT M	EDICAL EX	CAMINER X		DATE SIGNED
EXAMINE NAME (T	ER's Charle	s S. Sp	ringate, M.D.	ASSOCIATE M	EDICAL E	XAMINER C	ctobe:	r 28, 1966
BURIAL CREMENS VAL (Specify)		23	C. NAME of CEMETERY	CREMATORY	23D. L	OCATION ICity.	town, or or	ountyl (Stote)
AA. DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	248, FUNER	AL DIRECTOR	MOIDI	1-1-	DDRESS
	OCT 31 1000	300	BC IO	May	Last	Alfrys	135	il an
'S 151-REV. 1/1/6	2 1301	AL RIVERS	J.C. ACARON	10			wo.	100

66 10862 BALTIMORE CITY HEALTH DEPARTMENT 66 10862
BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No
M.E. CASE NO.
1. NAME OF DECEASED authory Miller Ve. 2. Date and Hour Pronounced DEAD 930 Am.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE   Where deceosed lived. If institution: residence before odmission) A. STATE M
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C. CITY OR TOWN (If outside corporate limits, write BURAL and give township)
St. agnes Hopital D. STREET ADDRESS (If rurol, give location) 2025 Sinclair Lane
5. SEX  6. RACE  7. MARRIED, NEVER MARRIED  WIDOWED, DIVORCED (specify)  9. AGE (In years lif Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF
done some most of working life, even d'retired) RALTOMY?
13. FATHER'S NAME
HATHORY MINER OR KUTH SCOTT
15. WAS DECEASED EVER'IN U.S. ARMED FORCES?  (Yes, no prunknown) (If yes, give wor or dates of service)  16. SO CIAL  SECURITY NO.  ANTI-LIDINI MILER S. JOJE SAIR SE
18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying e.g., heart failure, asthenia, etc. It means the disease, but TO
injury or complication which coused deoth.)
ANTECENDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST,  Z
OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Z 21A, EXTERNAL CAUSE WAS  O UNDERLYING FOR CONTRIB- UTING CAUSE OF DEATH.  21R. PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID Ilf in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? HOWARD COUNTY, Rt #1 near  DOCESEY  DOCE
2 21D TIME (Month) (Day) (Year) (Hour) 22E INTURY OCCURRED 21E HOW DID INTURY OCCUR?
OF INJURY 10 30 66 405 WHILE AT NOT WHILE X Passenger in antimobile Which Struck
22. I certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my apinion
resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner
ACTUAL SIGNATURE WELLS IN STANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S NAME (Type) Werner U. Spitz, M. D. ASSOCIATE MEDICAL EXAMINER 10. 30. 1966
23A BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
Bund 11-5-566 MA RUBURN BACTOMY
OCT 31 1965 (1925) & TO DANK STEEL DIRECTOR ADDRESS A GILMIN 635 N 612 MIN STEEL STE

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Denie 1/1/00 mo landen But me marker & they will be Comple

Howemore as Home Commiss WE william Ashange in Reserve Love

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VS 150-REV. 1/1/65

12/2/1 BNISHO CI - MHAM Proceedings and the same THE STREET WITE (c/o) ,9. 96/5/19, sefer Robert & Boyle. Union mem. Hosys

		TY HEALTH DEPARTMENT		00 40000
BIRTH NO. 66 108	66 CERTIFIC	ATE OF DEATH	Registered No	66 10866
M.E. CASE NO.			D HOUR OF DEATH	
(Type or Print) Madeio	Turner	4. USUAL RESIDENCE (When	27-66	9:00 P.M.
3. PLACE OF DEATH IN BALTIMORE,	MARTLAND	4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceased lived. If ins TY	titution; residence before admission)
	pital or institution, give street	Masnlan	d	
HOSPITAL OR address or lo	cation)	C. CITY OR TOWN (If out	side city limits, write R	URAL and give township)
46		D. STREET ADDRESS (IF	rural, give (acation)	0
LUHHERON HOSP.	of Maryland	801 636	Amon	4110
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
I C	WIDOWED, DIVORCED (specify)	D-12-9A	last birthdayl	Months Days Hours Min.
	fwork 108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
done during most of working life, even if reti	ired)	Maryland		U.S.A.
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	ΛE	
John McD	aniel	Georgianna	Cooper	
15. Was Deceased Ever in U. S. Armer	d Forces? 16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, na ar unknown) (If yes, give war or	dates of service) SECURITY NO.	Husband, R.	ipha-d	Lama
18. // ) //	CAUSE	OF DEATH	VIII	INTERVAL BETWEEN
DISEASE OR CONDITION	DIRECTLY	. 10		ONSET AND DEATH
LEADING TO DEA	ATH (A)(	CVA		12 Hrst.
(This does not mean the mode heart failure, asthenia, etc. It m	e of dying, e.g., DUE TO			
injury or complication which co	used death.)	ASCUD		Many years
ANTECEDENT CAL	DO E 10			
rise to the above cause	(A) stating the (C)	2000 000 000 000 000 000 000 000 000 00	00.000	
UNDERLYING CONDITION last	1.			
OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING			
TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI	RELATED TO THE			
TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI 19A. DATE OF OPERATION 198. WAS	CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	10 208. IF YES, WERE F	INDINGS CONSIDERED
2		yes	No	
OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	home, form, foctory, street,	office bldg., INJURY OCCUR?	(If in Baltimare	City, give exact location)
U	etc.)			
21 D. TIME (Month) (Day) (1	Year) (Hour) 21E. INJURY OCCURRED  While At Not W	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	Work L At We	ark 🗀		
22. I certify that (this has	pital) attended the deceased from	100 ain. 10/29	19 60 to 3	10/29 19 66 .
that () (we) lost sow the dec	eased olive on	19 66 ond the	of in () (our) opin	ion deoth occurred on the dote
	stoted obove. (M' (We) (did) (did not	) view the body ofter death.		
23A. SIGNATURE	M.D.	Attending Med.	Staff 1	23B, DATE SIGNED
Elm,	12 frans	hys. Director	Phy s.	10-24-66
23C. PHYSICIAN'S NAME (Type)	12 -1 1/11/ "	23D. ADDRESS	16 - D - B	11-1-1
24A. BURIAL CREMATION, 24B. DAT	USA RIII	LUTIESATI -	HOSP. of	Maryland_
REMOVAL (Specify)			OCATION (Cit	y, rown, or coanty) (State)
	31-66 Baltimore Na	ational Cem Ba	altimore	harvland
25A. DATE REC'D BY HEALTH DEPT.	70 / 2			
100	Ob Or De lot & sto De win	7 Goorge Rela	SUII 1340 1.	· Calloun Dt.

VS 150-REV. 1/1/65



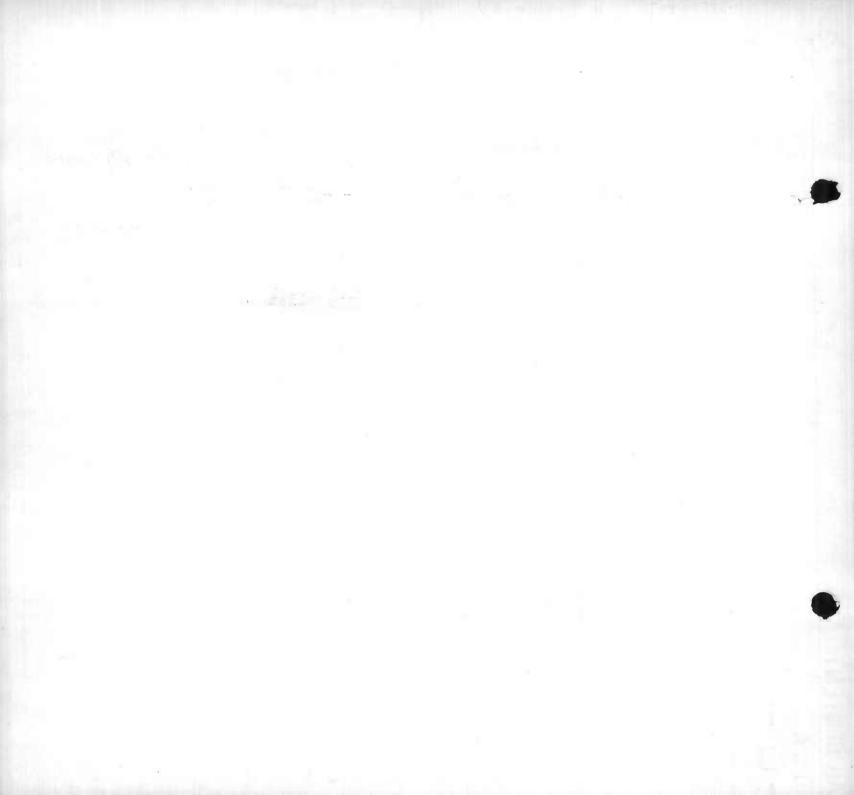
## BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.6 10867

M.E. CASE NO.			AMINER 3 C					
T, NAME OF DEC	S AMUE	EL	BOYD Jr.			ber 27, 19		6:45 P.
PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONO	JNCED DEAD	4. USUAL RESID	ENCE (Where	leceosed lived. If in B. CO	stitution: resident	ce before odmissi
ULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET		yland	corporate limits, wri	te RURAL and	give township)
NSTITUTION	ADDRESS OR LOCA	(IION)					12-	05
Provid	ent Hospital		(DOA)	D. STREET ADDI	timore (If ruio),	give location)		177700
110014	ene nospicar		(DOA)	250	9 Franc	is Street	5+1.4	
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	1	9. AGE (In years lost birthdoy)		Yr. If Under 24 H
Male	Male Negro single				3	13		
	JPATION (Give kind of work working life, even if retired)	TOB KIND O	BUSINESS OR INDUSTRY		,	country)		COUNTRY?
3. FATHER'S NAM	A.E.			Marylan			U.S.A	
	amuel Boyd	Sr.				77 7 7		
	D EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT	setta	Hall	ADDRESS	
es, no or unknown	(If yes, give wor or date	s of service)	SECURITY NO.	Samuel	Porrd	2500	Tannai	s Stree
1B.			CALLER	OF DEATH	Doya	r. 2509		TERVAL BETWEE
OTHER SIGN TO THE DISEASE O	E ABOVE CAUSE (A) ST NG CONDITION LAST.  II  NIFICANT CONDITIONS DEATH BUT NOT REI  R CONDITION CAUSING  OPERATION [19B. CON WAS PER	CONTRIBUTION FOR	HE	20A, AUTOPSY		20B. IF YES, WERE F		
	1_ CALLSE WAS	la i p	DIACE OF INITIDY (	Yes		Yes f in Boltimore City,		
	OR CONTRIB-	home etc.)	PLACE OF INJURY (e.g., form, foctory, street,					
Z 21 D TIME	(Month) (Doy) (Yeor	i) (Hour) [2	street		ncis Sti	reet at Ful	tron Ave	nue /
OF INJURY	-27-66	15 P				n struck by	auto	
22.	tify that I held an I	m.j\				s basis, death in		
	ted fram: Notural car		ccident X Suicid			ndetermined man		
ACTUA SIGNAT	CO 0.		0. 4		EDICAL EX	AMINER .		DATE SIGNED
EXAMIN NAME (	Type) Charles	S. Spri	ngate, M.D.	ASSOCIATE M	EDICAL EX	AMINER	Uctober	28, 1966
REMOVAL (Specif		23	C. NAME of CEMETERY	CREMATORY	23D. LC	CATION (Cit	y, town, or cour	nty) (Stote)
Burial	10-31		New Cathera:			ltimore,	Maryla	nd
4A. DATE REC'D	BY HEALTH DEPT.	248, NAME	OF REGISTRAR		AL DIRECTOR	(010		DRESS
(	CT 31 1966	123	E. Faluma	Geor	ge Kel	son 1348	N. Cal	noun st
VS 151-REV. 1/17	65	12 Sept -	0-0 0		6 0			

A STATE OF THE PROPERTY OF THE IMPORTANT

DIRECTOR:

FUNERAL



	1. NAME OF DECEASED (Type or Print)  ROBERT D. WHITE					October 27, 1966 7:00 P.				
	3. PLACE IN BA	4. USUAL RESID	1	deceased lived. If inst		M.				
	FULL NAME O		Maryland	i						
	HOSPITAL OR	F (IF NOT IN HOSE ADDRESS OR LO			carparate limits, with	E KUKAL and give	iawnsnip)			
	0 0 151	9 Washington	D. STREET ADD	Baltimor RESS (If rural,		9				
7.5	00131	y washing con	DELCCE			1116 Wha	atcoat Stre	et		
	5. SEX	6. RACE		D, NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRT	Н	9. AGE (In years last birthday)	If Under 1 Yr. Months   Days	If Under 24 Hrs. Hours, Min.	
	Male	Negro		arried	12-20-	29	36			
		CUPATION (Give kind of warking life, even if retires		OF BUSINESS OR INDUSTR			Country)	12. CITIZEN OF	NTRY?	
	CONS'	truction AME			14. MOTHER'S M	AIDEN NAME		مقال ا		
		Angus	hite		Ber	nie Par	rker			
		SED EVER IN U.S. ARM		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS		
100	(1 es, no di onkino	will yes, give wor or o	dies of solvicor	217-24-981	9 Doris	White	1519 s	hington	St.	
	18.	7.70		CAUS	E OF DEATH				VAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY							ONSE	AND DEATH	
	(This doe	LEADING TO DEA s not mean the made	of dvina e.a	DUE TO	onchopneum	onia				
	heart failt injury ar	ure, asthenia, etc. It med camplication which cause	ons the disease ed death.)	, , , , , , , , , , , , , , , , , , , ,						
	9 10 34	ANTECENDENT CAL	JSES	Ci	rrhosis of	livor				
	DISEASE	S OR CONDITIONS, IN	ANY, GIVING	DUE TO	LINUSIS OL	TIACT			8==0==3 3 0=000=00=00=000000	
	UNDERL	YING CONDITION LAS		(C)						
	OTHER S	li li		<u> </u>						
	E TO THE	GNIFICANT CONDITION  E DEATH BUT NOT  OR CONDITION CAUSI	RELATED TO	THE					-00000000000000000000000000000000000000	
	19A. DATE	OF OPERATION 198, C	ONDITION FOR	WHICH OPERATION	20A. AUTOPSY		20 B. IF YES, WERE FI		ERED	
		NAL CAUSE WAS	218	B. PLACE OF INJURY (e.g.	in or about 21C.	WHERE DID	Yes If in Baltimare City, gi	ive exact location)		
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- form, factory, street, affice bidg., INJURY OCCUR?									
	21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY (APPROX.)  WHILE AT NOT WHILE									
	OF INJURY									
	OF INJURY (APPROX.)			WORK AT	WORK	1.1				
	OF INJURY (APPROX.)	ertify that I held an	Inquiry 🗌	Inspection At	otapsy X an	_	s basis, death in a			
	OF INJURY (APPROX.)	certify that I held an sulted fram: Natural	Inquiry 🗌	Inspection At	utapsy X an	ide 🗌 U	ndetermined mann			
	OF INJURY (APPROX.)  22. I c	JAL Olyst	Inquiry 🗌	Inspection A	utapsy X an de Hamic	ide U	Indetermined mann	er 🗌	TE SIGNED	
	OF INJURY (APPROX.)  22. I c  res	JAL ATURE Chay	Inquiry Causes X	Inspection A	otapsy X and Hamici CHIEF M	de U EDICAL EX EDICAL EX	ndetermined mann AMINER   AMINER   X	er DA		
	OF INJURY (APPROX.)  22. I c res  ACTU SIGNA EXAM NAME	JAL ATURE Charle (Type)	Inquiry Causes X	Inspection And Accident Suici	de Hamici CHIEF M  ASSOCIATE M	ide U EDICAL EX EDICAL EX	AMINER C	DA	, 1966	
	OF INJURY (APPROX.)  22. I c  res  ACTU SIGNA EXAM	JAL ATURE Charle (Type)  REMATION, 23B. DATE	Inquiry Causes X	Inspection A	de Hamici CHIEF M  ASSOCIATE M	ide U EDICAL EX EDICAL EX	AMINER C	er DA		
	OF INJURY (APPROX.)  22. I c  res  ACTU SIGN EXAM NAME  23A. BURIAL C REMOVAL (Spe Burial	JAL ATURE Charle (Type)  REMATION, 23B. DATE (city)  11-	Inquiry Causes X  S S. Sp.	Inspection And Accident Suici Suici Managate, M.D.	de Hamici CHIEF M ASSOCIATE A  CREMATORY	EDICAL EX EDICAL EX AEDICAL EX	AMINER AMINER OCATION (City	DA October 28	, 1966 (State)	
	OF INJURY (APPROX.)  22. I c  res  ACTU SIGN EXAM NAME  23A. BURIAL C REMOVAL (Spe Burial	JAL ATURE Charle MINER'S Charle E (Type) CREMATION, 23B. DATE OCITY)	Inquiry Causes X  S S. Sp.	Inspection And Accident Suici	or CREMATORY  Jacob War Associate Market Control of CREMATORY  1. Pk.	EDICAL EX EDICAL EX EDICAL EX APA  AL DIRECTOR	AMINER AMINER OCATION (City	DA October 28	(State)	

The first community of the contract of the con

H War and the same of the same The second secon FT FLU S-3, LU 75 . . . 

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IMPORTAN

DIRECTOR:

FUNERAL

approved

BALTIMORE CITY HEALTH DEPARTMENT



BIRTH	NO.		MEDI	CAL EX	(AMINER'S CI	ERTIFICAT	E OF D	DEATH Regis	stered Na		-	
-	CASE NO.											
1. NA (Type	or Print) CI	LAUDE .	Α.		BROWN			er 25, 196		11:00	A	
3. PL/	ACE IN BALTI	MORE, MA	RYLAND, WI	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE  Maryland					odmi s sion)	
HOSP	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION				C. CITY OR TOW	'N (If outside	carporate limits, w	vrite RURAL a	nd give town	r ( <u>p)</u>		
	521 E. Baltimore St.						timore	3 1 8 3				
1	20 3	ZI L.	parcinc	re st.		D. STREET ADDRESS (If rurol, give location)  521 E. Baltimore St Apt. 15						
5. SEX	ale	6. RACE Whit	e		NEVER MARRIED DIVORCED (specify)	Beb. 17,		9. AGE (In yeo lost birth day)	Months	1 Yr. If Under	er 24 Hrs. Min.	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY dane during most of working lile, even il retired)							State or foreign	n country)	12. CITIZI WHA	EN OF T COUNTRY?		
12 EA	Seaman					14. MOTHER'S MA						
13. FA	ATHEKS HAW		Alber	t Brown		Cather						
	AS DECEASED				16. SOCIAL	17. INFORMANT			ADDRESS			
	No	(If yes, give	e wor ar date	s of service)	SECURITY NO.	Seafarers	Intern	natioal Un	ion			
18	B. 4	1.1.	.2 9	14 9	CAUSE	OF DEATH				INTERVAL B		
	DISEAS	E OP COL	NDITION DI	PECTLY						ONSET AND	DEATH	
		LEADING	TO DEATH		(A) Fatty 1	Metamorpho	sis of	Liver				
	heart failure,	asthenia, e	the mode of ttc. It meons hich coused	the disease.	DUE TO	***************************************						
			TIONS, IF A			c Ethylism	1					
	RISE TO THE	ABOVE C	AUSE (A) ST	ATING THE	DUE TO							
7	UNDERLYIN	G CONDI	IION LAST.		(C)		•=••••					
<u>ō</u> -			11									
ERTIFICATION	TO THE	DEATH BL	CONDITIONS JT NOT REL ON CAUSING	ATED TO	NG THE Subdur	al Hemorrh	age	····				
CERT				DITION FOR	WHICH OPERATION	20A, AUTOPSY?		208. IF YES, WERE IN CERTIFYING CA				
7 2	A. EXTERNAL	CAUSE V	VAS	21 B,	PLACE OF INJURY (e.g.,	in or about 21C. W	HERE DID	If in Boltimore City,	, give exoct lo			
	TING CAU			hometc.)	e, form, factory, street, o		occur? iknown					
	ID TIME	(Month)	(Doy) (Year	) (Hour)	21 E. INJURY OCCURRED		M DID INTO	IRY OCCUR?				
0	APPROX.)	10	? '6			WHILE AF	parent	ly Fell				
2	22. 1 cert	ify that I	held an li	nquiry 🗌	Inspection Aut	opsy 🗓 and	that an thi	s basis, death l	n my opinla	n		
	result	ted fram:	Natural car	ses	Accident X Suicid	e Hamici	de 🗌 👢	Indetermined ma	nner 🗌			
			1/1	1 =	0	CHIEF ME	EDICAL EX	AMINER _				
,	SIGNATI		11/1	Here	man YM.D.	ASSISTANT ME				DATE SI	GNED	
	EXAMIN NAME (1		Rudige	r Breit	enecker	ASSOCIATE M	EDICAL EX	(AMINER		10/26	/66	
	BURIAL CREA		23B, DATE	23	C. NAME of CEMETERY of	CREMATORY	23 D. Le	OCATION (C	City, town, or	countyl	(Stote)	
	Burial		10-29-	1966	St. Matthews		Ba:	ltimore, M	laryland			
24A.	DATE REC'D	BY HEALTH			OF REGISTRAR	24C. FUNERA	L DIRECTOR		-	ADDRESS		
			4 4000	100	0 7 0 m	Lilly &	Ł Zeile:	r Inc.	1901-07	Easter	n Ave	
VS 1	51-REV. 1/1/6	55	1966	196	S & COOPERA	308	8 7					

Minister & Tellmenting on 1901-15 declared a

		EALTH DEPARTMENT						
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	Registered	66	11	183

	EKTITICATE OF DEATH MAINTING
M.E. CASE NO.	2, DATE AND HOUR PRONOUNCED DEAD
1. NAME OF DECEASED (Type or Print) SOPHIA PODBIELSKA	OCTOBER 28, 1966 9:00 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (if autside carporate limits, write RURA) and give towaship)
HOSPITAL OR ADDRESS OR LOCATION)	1-11
C-Building Parking Lot - City Hospital	Baltimore  D. STREET ADDRESS (If rural, give location)
	529 S. Curley Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	8. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months, Doys, Haurs, Min.
Female White Single	May 16, 1942 24
done during most of working life, even if retired)  108. KIND OF BUSINESS OR INDUSTR University	
Laboratory technician Johns Hopkins	Poland Poland
13. PATHER'S NAME	14. MOTHER'S MAIDEN NAME
Stanley Podbielska	Margaret Kotowska
(Tes, no or unknown) Ill yes, give wor or doles of service)	
No	Mrs. Margaret Siejack 6853 German Hill Road
18. E 9 8 1 X 1	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Company	hot wound of chest
(This daes not mean the made of dying e.g., heart failure, asthenia, etc. It means the disease,	not would of chest
injury ar camplication which caused death.)	THE RESERVE AND ADDRESS OF THE PARTY OF THE
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	Yes Yes Yes
ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- 21B. PLACE OF INJURY (e.g., hame, farm, factory, street,	in or about 21C. WHERE DID (If in Baltimare City, give exact locotion) office bldg., INJURY OCCUR? City Hospital
UINDERLYING CAUSE OF DEATH.    Darking   Darking 1	ot 4940 Eastern Ave.
21D TIME (Manth) (Day) (Year) Hours 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) 10-28-66 8:45Am. WHILE AT NOT AT V	WHILE X Shot by unknown assailant (male)
22.	topsy X and that an this basis, death in my apinian
resulted fram: Natural causes   Accident   Suicident	
00000	CHIEF MEDICAL EXAMINER
SIGNATURE Charle J. STEMPE	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Charles S. Springate, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER October 28, 1966
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
Burial 11-2-1966 Holy Rosary	Baltimore County, Maryland
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	Paltimore County, Maryland  24C. FUNERAL DIRECTOR  ADDRESS
007 21 1066 12 0 108 Fallenna	Lilly & Zeiler Inc. 1901-07 Eastern Ave.
VS 151-REV. 1/1/65	The state of Bastern Ave.

THE PROPERTY OF THE PARTY OF TH will you to it to be to the plant. Bill (1117) Harmes (1016) Track to Depart R. Etc. verse grass - Address I AND THE PART OF TH

IMPORTANT DIRECTOR: FUNERAL 10876 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) (If outside city limits, write RURAL and give township If Under 24 Hrs. Months Doys Hours WHAT COUNTRY? ADDRESS ST AGNES HOSPITAL CATON & WILKENS INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES. WERE FINDINGS CONSIDERED (If in Boltimare City, give exact location) 19 66 and that in (my) (our) opinian death accurred an the date 23 B. DATE SIGNED 10-27-66 (City, town, or county) Witzke .D.-4101 Edmondson Av.

BALTIMORE CITY HEALTH DEPARTMENT

• 10 - 1 Fig. 1 Fig.

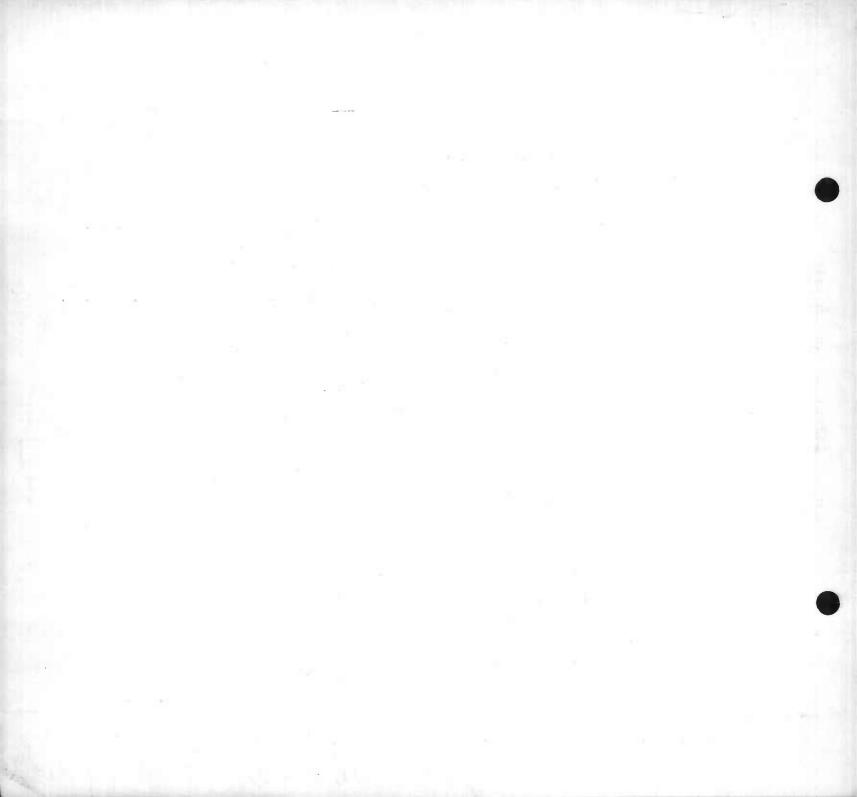
DELLE STATE LINE

Standards and Standards

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Somewhat works about I we will a

John B west



BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

66 10878

3021 EASTERN AVE.

MATTHEWS

IRTH NO.	CERTIFIC	ATE OF DEATH Registered No.	. 00 10070
A.E. CASE NO. NAME OF DECEASED	921(11110)	2. DATE AND HOUR OF DEAT	н
Type er Print)			6,1966 1025 PN
John Vlahos.	RYLAND	4. USUAL RESIDENCE (Where deceased fived, fl	institutions residence before edmission
		A. STATE B. COUNTY	
HOSPITAL OR eddress or locotion	1/	C. CITY OR TOWN (If outside city limits, write	e RURAL onl give tewaship
To Fayette Convo	al ascent Home	D. STREET ADDRESS (If rural, give location)	01-01
1105 E. Fayette St	treet	701 Washington Blvd.	
SEX 6- RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In yeers lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Deys Hours Min.
M W W W W W W W W W W W W W W W W W W W	10B, KIND OF BUSINESS OR INDUST	Nov. 13,1884 81  RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
one during mest of working life, even if retired)	UNKNOWN	UNKNOWN	WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
UNKNOW	V/V	VINKNOWIN	
. Was Deceased Ever in U. S. Armed Farces, no or unknown) (If yes, give wor er dete	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NKHOWN		1105 E.	FAYETTE ST.
1B, // CA / V	213 10 200 CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OF CONDITION DIR			ONSET AND DEATH
LEADING TO DEATH	RECIET	Groucho purmonia	501
(This does not mean the made of	dving, e.g., (A)	nowow jensinowa	V o'C
heart failure, asthenia, etc. Il means	the disease,		
injury or camplication which caused	death.)		
ANTECEDENT CAUSES	DUE TO	** ** *** *** *** * * * * * * * * * *	
DISEASES OR CONDITIONS, if			
rise to the above cause (A)	staling the (C)		
UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT	TED TO THE PATOLIS OF !	4)-Alleur at leg	Godal mor.
19A. DATE OF OPERATION 19B. CONI	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes er No) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (netify medical examiner)		, in er about 21 C. WHERE DID (If in Boltim office bldg., NJURY OCCUR?	are City, give exact location)
21D. TIME   Menth) (Day) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX)	While At Not W	hile	
22. I certify that (I) (the Colored	attended the deceased fram	Aug. 8 19 66 to	Oct 2619 66
		26 1966 ond that in (my) (2010 o	
			printen dearn occurred on the da
and hour and from the causes state	ed obove. (I) (NOC(dld) (AGE)	view the body ofter death.	
23A. SIGNATURE		Med. Stoff Phys.	23B. DATE SIGNED
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	7
Dr. J. Hull		2214 E. Fayette Str	
BURIAL CREMATION, 24B. DATE  BURIAL (Specily)  10-28-	-66 GREEK ORTHOG		City, town, or ceunity) (State)  MARY AND
Jollin	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
The state of the s	THE RESIDENCE	LJO. I DITERNE DIRECTOR	UDDKE22

j j

.Jo

14.

Dr. J. L.

Type or Print) MARYANN M		2. DATE AI	ND HOUR OF DEATH	- 0
	. KLECZYNSKI		DBER 20, 1966	
PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUR		itution: residence before odmissia
FULL NAME OF (II not in hospital or institu	tion, give street	MARYLAND C. CITY OR TOWN (11 or	iteida citu limite, wita R	PASSA give towardinks
1725 WILKENS AV	FNIIF	BALTIMORE	diside thy limits, while it	KAN did give fownships
BALTIMORE, MARY		D. STREET ADDRESS (If	rurol, give locotion)	-
			AVENUE, 2122	
WID	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	,	Months Doys Hours Min.
FEMALE WHITE MA	ARRIED ID OF BUSINESS OR INDUSTR	12-10-1910 Y 11. BIRTHPLACE (State or fore	55 ergn country)	12. CITIZEN OF
lone during most of working life, even if retired)		MARYLAND		WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	U.D.A.
ADALBERT BIEL	UT	AGATHA	GUREK	
5, Was Deceased Ever in U. S. Amned Forces? Yes, no or unknown) (If yes, give wor or dotes of serv	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO NO		MR. ALBERT F.	KLECZYNSKI, 1	725 WILKENS AVENU
18. /5 / X I	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Can	_1 0	
(This does not mean the made of dying,	e.g., DUE TO	Carama	Monsael	1 year
heart failure, asthenia, etc. 11 means the dis- injury ar camplication which caused death.)	ease,			V
ANTECEDENT CAUSES	(B)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	• w man that that the # does make a man v v v v v a man v papana v # 4 p a.e.	
DISEASES OR CONDITIONS, if any, g	jiving			
rise Ia the abave cause (A) stating UNDERLYING CONDITION last.	the (C)	***************************************		
11				
OTHER SIGNIFICANT CONDITIONS CONTRIB.	UTING O THE			
DISEASE OR CONDITION CAUSING IT.		20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE FII	NDINGS CONSIDERED
august 1966 WAS PERFORMED	la of sumuel	1 00		
OR CONTRIBUTING CAUSE OF	home, lorm, foctory, street,	office bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct location)
DEATH (notify medical examiner)	etc.)			
S OF INJURY	While At Not Wh	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)	Work Al Wor	k 🗀	- 11	120 19 66
22. I certify that (I) (*his hospital) attend		19 66 and 1	19 66 to 10	
that (1) (	V 2000	AND PROPERTY OF STATE OF		oh de ho berrusso drees de
and hour and from the causes stated about 23A. SIGNATURE	ve. (I) ( <del>mer (did</del> ) (did not)	view the body diter seath.		23R MATE SIGNED V CE
John P. Urlos	1 A M.D. A	Hending Alexander	Stoff T	10/21/66
		23D. ADDRESS		1 1000
23C. PHYMCIAN'S	. URLOCK JR M.D	1227 1	WASHINGTON BO	ULEVARD
NAME (Type)	. OILLOCK . W.L.			
JOHN P	4C. NAME of CEMETERY of C		LOCATION (City	, town, or county) (Stote)
JOHN P		REMATORY 24D. 1	ATTIMORE, MAR	
JOHN P  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL 10-24-66	4C. NAME of CEMETERY of C	REMATORY 24D. 1 EMETERY B. 25C. FUNERAL DIRECTO	ATTIMORE, MAR	

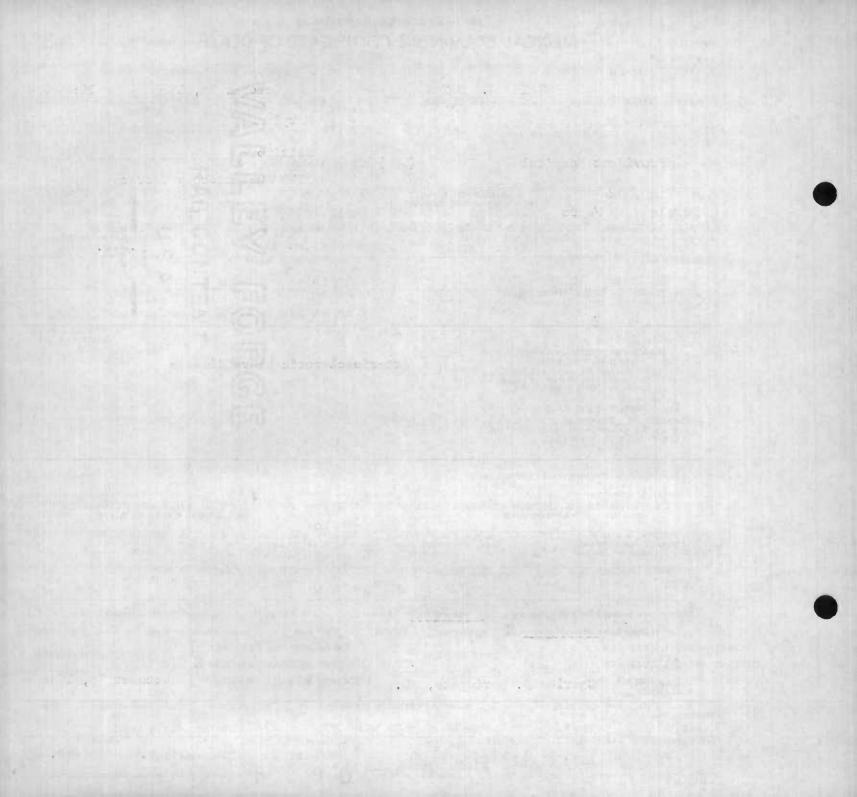


D 000 BIRTH NO.

M.E. CASE NO.

1						
MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH	Registered No	00 1UC	30

BIRTH NO.	CALE	AMIIIYEK 3 C	EKTIFICA	IE OF DEATH Regis	ered No.
M.E. CASE NO.					
1. NAME OF DECEASED	0.77	D		2. DATE AND HOUR PRONOUN	
	SIE G.			October 28, 19	
B. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONO!	UNCED DEAD	A. STATE	B. CC	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITA	AL OR INSTITU	UTION, GIVE STREET		laryland WN (If outside corporate limits, wr	in RIPAL and the township)
HOSPITAL OR ADDRESS OR LOCA	(TION)		C. CITI OK 10	the obside corporate limits, wi	The KOKAL ond give township)
Provident Vernit	-1	(DOA)		Baltimore	
Provident Hospit	aı	(DOA)		ORESS (If rurol, give location)	
			D	3224 Auchentoroly	
6. RACE	WIDOWED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIR	last birthdoys	Months, Doys, Hours, Min,
Female Negro	Widowe		April 14		
OA. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	TOB, KIND O	F BUSINESS OR INDUSTR			12. CITIZEN OF
Domestic	Pvt. I	Family	Essex (	Co. Virginia	U.S.A.
3. FATHER'S NAME		ALLEY OF THE STATE OF	14. MOTHER'S A	MAIDEN NAME	
William Hill			Virgini	a Ware	
5. WAS DECEASED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
es, no or unknown, ar yes, give wor or dote	s of services	JECOKITI NO.	Miss Nar	nnie Hill-3224 Aug	hentoroly Terrac
liB.		CALLSE	OF DEATH		INTERVAL BETWEEN
42019		CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY				
LEADING TO DEATH		Arto	ringclero	tic heart disease	
(This does not meen the mode of	dvina e.a.	DUE TO	TIOSCIEIC	TIC Heart disease	
heart failure, asthenia, etc. It means injury or complication which coused	the disease,	001 10			
miery or complication which could	0001110				
ANTECENDENT CAUSE	S				
DISEASES OR CONDITIONS, IF A		DUE TO			
RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	TATING THE				
		(C)			
2					
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTION	NG			
TO THE DEATH BUT NOT REI		HE			
		WHICH OPERATION	20A. AUTOPS	Y? (Yes or No) 20B, IF YES, WERE	FINDINGS CONSIDERED
WAS PER				IN CERTIFYING CA	
21A. EXTERNAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C.	WHERE DID (If in Boltimore City,	give exact location)
UNDERLYING OR CONTRIB-	home etc.)	, form, foctory, street,	office bldg., INJUR	Y OCCUR?	
<u> </u>					
21 D TIME (Month) (Doy) (Year	) (Hour) 2	TE. INJURY OCCURRED	21 F. H	OW DID INJURY OCCUR?	
(APPROX.)	\	WHILE AT NOT	WHILE		
22.					
I certify that I held an	nquiry 🔲	Inspection X Au	rapsy ar	nd that an this basis, death in	my apinian
resulted fram: Natural car	uses X	Accident Suicid	e Hamic	ide Undetermined man	ner
20	0 0		CHIEF	MEDICAL EXAMINER	
ACTUAL ()	10 1	15/		MEDICAL EXAMINER X	DATE SIGNED
SIGNATURE COM	30.0	M.D	•		October 28, 1966
EXAMINER'S Charles	S. Spr	ingate, MD.	ASSOCIATE	MEDICAL EXAMINER	october 28, 1900
3A, BURIAL CREMATION, 23B. DATE	23	C. NAME of CEMETERY	CREMATORY	23D. LOCATION (Ci	ty, town, or county) (Stote)
REMOVAL (Specify)					
Burial 11/3/66		lount Auburn			aryland
4A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR		RAL DIRECTOR	ADDRESS
OCT 31 1966 GE	Lub &	tal M	Herbe	ert E. Nutter-3035	W. North Ave.
		000	700	0 1	
VS 151-REV. 1/1/65					



W = 63 10883

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

v.	E CASE NO.										
Ťy	Pe or Print						2. DATE	AND HOUR PRONOUNC	ED DEAD		
	GE	ORGE			ARDLAW			tober 26, 1966		9:25	P M.
3. 1	PLACE IN BALTI	MORE, MAR	YLAND, WI	HERE PRONOL	INCED DEAD	4. USUAL RESI	DENCE (WI	nere deceased lived. If ins	titution: res	sidence before	odmission)
EU	LL NAME OF	(IF NOT I	IN HOSPITA	L OR INSTITU	JTION, GIVE STREET	Ma	ryland	1			
10	SPITAL OR		OR LOCA			C. CITY OR TO	WN (If or	utside corporote limits, writ	e RURAL	ond give towns	hip)
						Ва	ltimo	re	ا ب	-0	-
	50	5 McMec	han St	reet		D. STREET ADI	DRESS (If r	urol, give locotion)			
						50	5 McMe	echan Street			
5. 5	EX	6. RACE				B. DATE OF BIR		9. AGE (In years	If Und	er 1 Yr. If Und	er 24 Hrs.
M	ale	Colore	d	WIDOWED,	DIVORCED (specify)			last birthdoy)	Months	Doys   Hours	Min.
				10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or fo		12. CtTI	ZEN OF	
lon	· duffelyer	orking lile, eve	n if retired)	Truc				y,	WH.	AT COUNTRY?	
	FATHER'S NAM			1140	JAN		olina		U	SA	to be sale
	Stanly	Wardlo	N.P			14. MOTHER'S	MAIDEN N.	AME			
								?			
5. Yes	WAS DECEASED s, no or unknown)	O EVER IN U.	S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRES	S	
		,, 5.,-			21707-7800	Mr Ed	ward	Wardlow 530	NC	hester	St.
-	18.				CAUSE	OF DEATH	-	7,70		INTERVAL B	
	40	81/1			CMUSE	OF DEATH				ONSET AND	
	DISEAS	E OR CONE		RECTLY	Artorio	aalamati	o Como	ld area a and an Di			
	(This does no	LEADING T of mean the		dvina. e.a.	(A)DUE TO	scieroti	c Carc	liovascular Di	sease	1	
	heart toilure,	asthenia, etc.	. It meons	the disease,	DOE 10						
		NTECENDEN			(R)						
	DISEASES C	OR CONDITI	ONS, IF A	NY, GIVING	DUE TO	***************************************				***************************************	•••••
		G CONDITI		Allieo IIIE							
S					(C)			***********************	•••••		
ATION		ii							111112		-
$\tilde{\circ}$				CONTRIBUTING A TED TO TO						100	
T	DISEASE OR	CONDITION	CAUSING	IT.	***************************************			******************************		***************************************	
E	19A. DATE OF	OPERATION	198. CONE		WHICH OPERATION	20A. AUTOPS	Y? (Yes or	No) 20 B. IF YES, WERE FI			
S	0		WAS LEKE	ORMED		Real Control	No	IN CERTIFYING CAU	SES OF D	EATH?	
₹	21 A. EXTERNAL UNDERLYING			21 B. I	PLACE OF INJURY (e.g., i	n or obout 21C.	WHERE DI	D (If in Boltimore City, gi	ve exoct	location)	
ED M	UTING CAUS			etc.)	, form, factory, street, of	mice bidg. INJUK	OCCUR:				
Σ	21 D TIME	(Month) (D	oy) (Yeor)	(Hour) 2	E. INJURY OCCURRED	215 H	OW NO	NJURY OCCUR?			
	OF INJURY	(Avionin)	·0 y) (1 e 0 l)				011 00 1	NJORI OCCOR:			
				m. W	VHILE AT NOT V				55.19		
	22.	ify that I he	ld on In	auiry 🗆	Inspection X Auto	opsy or	d that on	this bosis, death in r	ny aninia	n.	
			_							***	
	165011	ed from: N	diorei cau	Ses ZX A	ccident Suicide			Undetermined monn	er 🔛		
	ACTUAL	/	111	1. 1	11) (/	CHIEF	MEDICAL	EXAMINER		DATE SIG	SNED
	SIGNATU		110	201	UNICH.D.	ASSISTANT A	MEDICAL	EXAMINER X			
	EXAMINI	ente li	Pudico	r Droit	enecker /	ASSOCIATE I	MEDICAL	EXAMINER		10/07	100
	NAME (T	Abe)	Kaarge	r prefr	enecker					10/27	/66
	BURIAL CREA		A DATE	230	C. NAME of CEMETERY or	CREMATORY	231	D. LOCATION (City,	, town, or	county)	(Stote)
	urial		10/31	166	W4 C-1		100				
14/	, DATE REC'D	BY HEALTH	, - 1		Mt Calvary OF REGISTRAR	Cemetry 24C. FUNE	PAL DIRECT	A A County	Md	ADDRESS	
					A Comment						
		OCT 3	1 1966	R.D.	R. E. Kalley	Adola	hus H	alstead 1206	ar M	Al. A	
10	151 DEV 1/1/	E				7 0		TEOO TEOO	M MOL	Ln Ave	

the perfect rently present the overland

(5) Deceased

		BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO.	66 1088	CERTIFICA	ATE OF DEATH	Registered No	66 10884
NAME OF I	),	1		D HOUR OF DEATH	17:30 p
FULL NAM HOSPITAL	DEATH IN BALTIMORE, MAILE OF (If not in hospital of oddress or location	or institution, give street	4. USUAL RESIDENCE (Whe A. STATE B. COUN MARYLAND	ere deceased lived. If ins	RAL and give township)
33	THE BOTHS II	CIRING HOSI TIAL		rurol, give locotion) AVE. 212	226
Teni	O. RACE NEGYO	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	5-19-95	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 F Months Doys Hours Min.
	st of working life, even if retired)	108, KIND OF BUSINESS OR INDUST	South Caroli		12. CITIZEN OF WHAT COUNTRY?
13. FATHERS	NIS GASS		14. MOTHERS MAIDEN NA PEGGY	ME	
	used Ever in U. S. Armed Ford own) (If yes, give wor or date		Chart		ADDRESS
(This dae	EASE OR CONDITION DIR LEADING TO DEATH es nat mean the made af ure, asthenia, etc. It means camplication which caused	dying, e.g., DUE TO	ARDIA ARREST		INTERVAL BETWEEN ONSET AND DEATH
rise la	ANTECEDENT CAUSES  S OR CONDITIONS, if the abave cause (A) (ING CONDITION last.	any, giving	MYSCUTE PLAL ZAITHRO	пом	
TO THE	II IGNIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING I	TED TO THE COMMENT			
JIPA. DATE	OF OPERATION 198. CON WAS PERI	218. PLACE OF INJURY (e.g.	20A. AUTOPSY? (Yes or N YES , in ar about 21C. WHERE DID office bldg., INJURY OCCUR?	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?  City, give exact locotion)
21 D. TIME OF INJUR (APPROX.)	(Month) (Day) (Year)	(Hour) 21E, INJURY OCCURRED  While At  Not Work  At Wo		JURY OCCUR?	
22 1	of all a /12 /all = 1 = 1 = 1	Value total at the	n/53	10/15 16	131 10 61

66 and that in (my) (our) apinian death accurred an the and haur and fram the causes stated above. (1) (Wel (did) (did nat) view the bady after death. 23 B. DATE SIGNED Attending Phys. Med. Director Stoff 23 D. ADDRESS 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) 10/30/66 Calvary Cemetry A County Mt Md 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR

Adolphus Halstead 1206 W North Ave

V\$ 150-REV. 1/1/65



VS 150-REV. 1/1/65

	BALTIMORE CITY H	IEALTH DEPARTMENT	$\wedge$		TODOC
MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH Registered No.	50	10000

1363	10000		BALTIMORE CITY HEAL	TH DEPARTMENT	X	as made
BIRTH NO.	MEDI	CAL EX	CAMINER'S CE	RTIFICATE OF	DEATH Registere	ed No. 55 10886
M.E. CASE NO.						
1. NAME OF DE	ECEASED			A .	NO HOUR PRONOUNCED	
	HAROLD J.		141111111	R Oct	ober 26, 1966	6 9:05 A <sub>M</sub>
3. PLACE IN BAI	LTIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institu	ution: residence before odmission)
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	Maryland C. CITY OR TOWN (If oulsi		HAH. Cx
, / =				Baltimore		IA PARK
40	South Baltim	ore Gen	eral Hospital	D. STREET ADDRESS (If ruro 214 Holls		52-00
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.
Male	White	11111	DIVORCED (specify)	5/20/21	45	Monins Duys Hours Willi.
	CUPATION (Give kind of world	TOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn cauntry)	12. CITIZEN OF
	f working life, even if retired)	EL	ECTRICA!	Mrd.		WHAT COUNTRY
13. FATHER'S NA	ME	1 -		14. MOTHER'S MAIDEN NAM	A E	70,0
14A)	ROLD J-	KAT	SKI SK	1/NKI	wen	
	SED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Tes, no or unknow	(If yes, give war or date	s of service!	213119390	MARY J. KA	75K1 -	ABOUR
18/	11012		CAUSE	OF DEATH	12.01	INTERVAL BETWEEN
PISE	ASS OF CONDITION D	DECT! V				ONSET AND DEATH
	ASE OR CONDITION DI LEADING TO DEATH		Severe	body burns		
(This does	not meon the mode of te, osthenio, etc. It meons complication which coused	dying, e.g., the disease,	DUE TO			
injury or c	omplication which coused	deoth.)				
	ANTECENDENT CAUSE	S	/ D\			
	OR CONDITIONS, IF A		DUE TO			
UNDERLY	ING CONDITION LAST.		101			
ŏ			(6)	***************************************		
OTHER SIGN	II GNIFICANT CONDITIONS	CONTRIBUTION	NG			
E TO THE	DEATH BUT NOT RE	LATED TO T				
E DISEASE	OF OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY? (Yes or No	) 20B, IF YES, WERE FINI	DINGS CONSIDERED
8	WAS PER	FORMED		No	IN CERTIFYING CAUSE	
Z 21 A. EXTERN	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	n or about 21C. WHERE DID	(If in Boltimore City, give	e exoct location)
Q 21 A, EXTERN O UNDERLYING UTING CA	USE OF DEATH.	home etc.)	power plant	ffice bldg. INJURY OCCUR?	Sugar Refiner	v 3// A
21D TIME OF INJURY	(Month) (Doy) (Year	Hour)A 2	1E. INJURY OCCURRED	21F. HOW DID INJ		X4 = 0 00
OF INJURY		11:35. V			l fire in plan	nt
22	ertify that I held on I	nauiry 🗌		1	nis basis, deoth In my	v opinlon
	ulted from: Notyrel co		cident X Suicide		Undetermined monner	
rest	oried from: Norded Co	nzez	Strength Strength	/_		
ACTU		STOM	MAG	CHIEF MEDICAL E		DATE SIGNED
SIGNA	NED'S	D ==	M.D.	ASSOCIATE MEDICAL E		10/27/66
NAME 23A, BURIAL CR	(Type) Rudiger		C. NAME OF CEMETERY O	CREMATORY 23D.	LOCATION (City, 1	town, or county) (State)
REMOYAL (Spec	1AL 10/19/	66 (	Christ Char	el Cen, (	Vensul	le A.A.Con
24A. DATE RECT	91 1988 A		Falley M. B.	24C. FUNERAL DIRECTO	2000000	ADDRESS A
VS 151-REV. 1/1	1/65		000	Jones 2 K	our care.	provena da,



OCT 31 Vs 150-REV. 1/1/65

1966

	BALTIMORE CITY	Y HEALTH DEPARTMENT	
BIRTH NO. 66 10888	CERTIFICA	TE OF DEATH Registered No.	. bo lubbb
M.E. CASE NO.  1, NAME OF DECEASED  (Type or Print)	ben Rothmi	an October 26	1966 1AM
3. PLACE OF DEATH IN BALTIMORE, MARY	LAND	4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before admission)
FULL NAME OF (If not in hospital or HOSPITAL OR INSTITUTION	institution, give street	maryland	e RURAL and give township)
Inac An	ospital	Ballemore	
42		3820 Goarman	N arence
Moele White	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (seecify)	B. DATE OF BIRTH  9. AGE (In years lost birthday)  March. 1918  48	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work)	OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar fareign caunity)	12. CITIZEN OF WHAT COUNTRY?
Dealer 3. FATHERS NAME	Junk	Baltimore, Maryland 14. MOTHER'S MAIDEN NAME	USA-
Israel Rothman		Eva ?	
5. Was Deceased Ever in U. S. Armed Farce Yes, no ar unknown) (If yes, give war ar dates	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	214-38-9124		O Boarman Avenue
18. 4 20.11		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE	CTLY	france the fair	8 hours
(This daes nat mean the made of		O Conerry From The	0 190020
hearl failure, asthenia, etc. It means t injury ar camplication which caused			51 1611
ANTECEDENT CAUSES	(B) O'C	oronty Thrombons.	716.1766.
DISEASES OR CONDITIONS, if o		? - ( P. # · -	- 6 m /t
rise to the above cause (A) UNDERLYING CONDITION lost.	slaling lhe (C)	ingen Uletons	o //www
OTHER SIGNIFICANT CONDITIONS CO		ν	
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. COND	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	218 PLACE OF INJURY (e.g., home, form, factory, street, etc.)		nore City, give exact lacation)
21D. TIME (Manth) (Day) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not Whi		
22. I certify that (1) (this hospital)	attended the deceased, fram	Cont - 9 - 1962 10 Cz	X. 2/2 19 Cala
that (I) (we) last saw the deceased	I alive an GT . 26	19 6 and that in (my) (or)	pinian death accurred an the date
and have and from the causes state	ed abave. (1) (Net) (did nat)		Honnital:
23A. SIGNATURE L. Phase	1	tending Med. Stoff	23B. DATE SIGNED 10/26/66
23C. PHYSICIAN'S NAME (Type)	admhers - M.D.	23D. ADDRESS	Butto mil
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of CE	REMATORY 24D. LOGATION	(City, town, ar caunty) (State)
Buxal 10/27/6	6 Workmen Circle	Baltimone	Maruland
	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS /

25C. FUNERAL DIRECTOR

allos



IMPORTANT

DIRECTOR:

FUNERAL



IMPORTANT

DIRECTOR:

FUNERAL



PE 10001		HEALTH DEPARTMENT		66 10801
RTH NO. 66 10891	CERTIFICA	TE OF DEATH	Registered Na	00 10031
A.E. CASE NO. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	. 26
Type or Print) Kessler. Fdg	av Fl. SR.	Pot	29 1964	7 10
PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (When		itution: residence before admissi
V		A. STATE B. COUNT	IT.	
FULL NAME OF (If not in hospital or insti	tution, give street	c. city or town (If out	ida city limita writa Pl	JRAL ond give township)
INSTITUTION		10 010		1/4 -11
-1- 11 1		D. STREET ADDRESS (III	urol, give location)	19-09
3 6 Fivan / Cm Squ	avo Hashital	1 1001 - 1	2014 10	
SEX   6. RACE   17 MA	ARRIED, NEVER MARRIED		AGE (In years	ff Under 1 Yr. If Under 24 H
	DOWED, DIVORCED (specify)		ost birthday)	Months Doys Hours Min.
Male White	Divorced	2-5-10	70	
A. USUAL OCCUPATION (Give kind of work 10B, KI	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
Painter	Retored	maryland		U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
William A. Kess	sler	Alberta Cast	le	
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
res, no or unknown) (If yes, give wor or dotes of se	SECURITY NO.	Harris	1 +	
Yes WW 1	214-18-6622	110spital	enary.	
18. 420.11	CAUSE C	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Ulmana +	-do ma	
(This does not meen the mode of dying,	, e.g., DUE TO	amonary		
heart lailure, asthenia, etc. It means the di	iseose,	2 /1	//	
injury or complication which caused death.		pronocy XIT	revoscle ros	cot and a second
ANTECEDENT CAUSES	DUE TO		//	999 3
DISEASES OR CONDITIONS, if ony,		- scanfiel t	Hoortonsinn	
rise to the obove couse (A) stating UNDERLYING CONDITION lost.	g me (C)		7,500,700,000	
ll ll				
Z OTHER SIGNISICANT CONDITIONS CONTRI				
TO THE DEATH BUT NOT RELATED  TO THE DEATH BUT NOT RELATED  DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION  WAS PERFORME	TO THE			
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	NDINGS CONSIDERED
X O		15.33	III CERIII IIII CAO	SES OF BEATH.
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, c	in or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
DEATH (natify medical examiner)	etc.)			
21D. TIME (Month) (Day) (Year) (Hou	1) 21E, INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi			
(ATTROA)	Work At Work			
22. I certify that (1) (this hospital) atte	nded the deceased fram	Det 27 1	9 66 10 06	T. 25 19 56
that (1) (we) last saw the deceased aliv	re on OCT 29	19.66 and the	at In(my) (aur) apini	an death accurred an the
and haur and from the causes stated ab	ave. (1) (We) (did) (dld nat)	view the bady after death.	7	
23A. SIGNATURE				23 B. DATE SIGNED
1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1	M.D. Aff	ending Med.	Stoff	Pot 28 101
23C. PHYSICIAN'S	Phy	23D. ADDRESS	Phys.	UCI. 21. 196
NAME (Type)	1.00	10 11	20	Harmital
hi Bum	wee M.D.	Hanklin	Square	Mospital
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CR	EMATORY 24D. LO	CATION (City	, town, or county) (State
Burial 11/2/66	Baltimore Nati	ona1	Catonsvill	e. Md.
	IAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ul St. ADDRESS
OCT 31 1966 (A)	90 /2 00 M300.	3 Wm. Cook Brok		imore, Md.
S 150-REV. 1/1/65	Contraction of November 1	Will GOOK STICK	nto the bare	1140



BIRTH NO

## BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 10892

M.E. CASE NO.	
1. NAME OF DECEASED Rult Brown	ULT 29 1966 11:10 Am.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE  B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN All outside corporate limits, write RURAL and give township)
00 1115 E. Belvedere an	D. STREET ADDRESS (If rurol, give location) 1115 E. Relvellere avenue
5. SEX  6. RACE  7. MARRIED, NEVER MARRIED  WIDOWED, DIVORCED(specify)	8. DATE OF BIRTH 9. AGE (in years   If Under 1 Yr. If Under 24 Hrs.   Months   Doys   Hours   Min.
Hemale While X Divord Widows	ad 1/6/94
IOA. USUAL OCCUPATION (Give kind of work OB. KIND OF BUSINESS OR INDIdone during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) / 12. CITIZEN OF WHAT COUNTRY? U.S.A.
Office WOKKER	BALTO PLO . U.S.A.
Charles C. Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	Mary Veasel 17. INFORMANT ADDRESS
(Yes, no grunknown) (If yes, give wor or dotes of service)  NO  217-07-77	Mrs Viola Maher 3200 Ramona Ave.
NO TO	AUSE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	sterrosclerotie (antio Vasentar
(This does not meon the mode of dying e.g., head foilure, asthenia, etc. It means the disease, injury or complication which coused death.)	esterrosclerotic Cartio Vascular
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  TYPE TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  WAS PERFORMED	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes of No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ZIA. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  218, PLACE OF INJURY home, form, foctory, streetc.	e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) et, office bldg., NJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?
	NOT WHILE
22. I certify that I held on Inquiry Inspection	Autopsy ond that on this basis, death In my opinion
Section and provide and provid	vicide Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER
SIGNATURE NIBMS h. Ent	M.D. ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Werner U. Spitz, M. D.	ASSOCIATE MEDICAL EXAMINER 10. 30. 1966
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMET	ERY or CREMATORY 23D. LOCATION (City, town, or county) (State)
Burial 11/1/66 Baltimore,	Cemetery Baltimore, Maryland
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR 1217 SEDREPaul St.
OCT 31 1966 R 206 & Janly	Wm. Cook-Brooks Inc. Baltimore, Maryland
VS 151-REV. 1/1/65	

ing. 1.3.1

Mary Mary State of the State of

1	P	_	
	pproved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	547	
	dea	Su	
	of Dec	at h.	
	hos ise (5)	de	
	cat se;	to	
	d ing	rior.	
	but	d b	
	occi	ase is m	
	ath r co	in	
	de C	ras osit	
=	ire (4)	h th	
A	star ne d	e ol	
2	assi if th	and d	
MP	his so, of all	bend bend	
	AI	atime	
FUNERAL DIRECTOR: IMPORTAN	iner ner. actu	(except where the physician who pronounced death was in regular attendance on the ); and (6) No physician was in regular attendance on the deceased prior to death. Such e obtained before the remains are embalmed or final disposition is made.	
	ami A fr	reg e	
IRE	(3) ex	in in	
0	dice ical rns;	sicie was mail	
RA	med	an ar	
	a r	he sici	
5	he c by	phy fore	
	by t bita re;	× he No ad be	
	hosp	ine (6)	
	prov he ny r	and	
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	sed ised	spit leat	
	mus elec	to ot	
	ate as r	rior rov	
	W.W.	d p	
	ceri body	D.C dase	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
	01		

NAME OF DI	66 10893	by Jahni	gen			t. 30,1966		
. PLACE OF D	EATH IN BALTIMORE, MAI		-80	4. USUAL RESI	1	ere deceased lived, If in		nce before odmission)
FULL NAME HOSPITAL O	R oddress ar lacotion	)	ive street	C. CITY OR TO		Baltiuutside city limits, write l ltimore, Md.	RURAL ond give	e township)
00	Baltimore,	_	212	D. STREET ADD	RESS (1	frurol, give locotion)  Ramblewood R	7	7-30
· SEX	6. RACE	7. MARRIED, WIDOWED, Mari	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIR	гн	9. AGE (In years lost birthday) 64	If Under 1 Y Months Day	r. If Under 24 Hrs. Hours Min.
one during most	CUPATION (Give kind of work of working lile, even if retired)			II. BIRTHPLACE		eign country)	12. CITIZEN WHAT C	OF COUNTRY?
3. FATHER'S N	AME			14. MOTHERS	MAIDEN N	AME		
T <sub>v</sub> T <sub>m</sub>	R. Owen			A1:	co F	Seaman		
5. Wos Deceas	ed Ever in U. S. Armed Fore		1 6. SOCIAL SECURITY NO.	17. INFORMANT	ce E	Deaman	AD	DRESS
No			220-20-6757	Arthur	M. Ja	hnigen, Balt	imore, N	Md. 21212
1B. 4 9	43 XI		CAUSE O		-	_	ONS	RVAL BETWEEN SET AND DEATH
DISE	ASE OR CONDITION DIR LEADING TO DEATH	ECTLY	(0)	robrain	ecular	accident	t 51	nimber
	nal meon the made al		DUE TO		4			
	omplication which coused		Hyp	estiman	Cardin	menules and	40 210	zaro
	ANTECEDENT CAUSES		DUE TO		-0-000		1	
rise lo	OR CONDITIONS, if I the obave cause (A) NG CONDITION lost.		(C)		***************************************			
E TO THE	II SNIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING I	TED TO THE		_				
	OF OPERATION 198. CON	DITION FOR V	VHICH OPERATION	20A. AUTOP	SY? (Yes or I	No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS COUSES OF DEA	NSIDERED TH?
OR CONTR	DENT WAS UNDERLYING DIBUTING CAUSE OF tify medical examiner	21 B, hom etc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, o	n or obout 21 C. W ffice bldg., INJUR	HERE DID Y OCCUR?	(If in Boltimor	City, give ex	oct location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED  le At Not While At Work	e 🦳	OW DID IN	NJURY OCCUR?		
	fy that (1) (this haspital					19 66 to		tu 19 66
	re) last saw the decease						nian death a	ccurred an the dat
23A. SIGNA		,	, () (4.4) (4.4 110.)			<u> </u>	23B. DATE SI	GNED
	IF Jah	nisau	A.D. Atto	ending s.	Med. Director	Stoff Phys.	10/	31/66
23C. PHYSIC				23 D. ADDRESS				
24A. BURIAL C			M.D.	660		Raven Blvd	ity, town, or co	ounty) (State)
REMOVA	L (Specify)							•
Buria	1 11-2-6	6 MG	oreland Memor:	Lal			ltimore	, Md.
V\$ 150-REV. 1/	OCT 31 1966 (	2006	2 Fallyna			Brooks Towso	n, Tows	on, Md.

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BALTIMORE	CITY	HEALTH	DEPARTMEN

Registered	No	66	10894
3			

M.E. CASE NO.  1. NAME OF DECEASED (Type or Pont)  Ethel J. Schaefer				2. DATE AND HOUR OF DEATH Oct. 28, 1966				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospitol or institution, give street hOSPITAL OR oddress or location) INSTITUTION			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATEO2 S. B. Quail St.  C. CITY OR TOWN (If outside city limits, write NURAL and give township)					
							(0.0	802 S.Qua
00					Quail			24
Female	6. RACE White	Married, NEVER	MARRIED RCED (specify)	July 14	1-	AGE (In years st birthdox)	Months Doy	r. If Under 24 Hr s Hours Min.
one during most of w	PATION (Give kind of wor orking lite, even if retired)	108. KIND OF BUSIN	ESS OR INDUSTRY		(State or foreign	£ N	12. CITIZEN C	OF OUNTRY?
Hous FATHER'S NAM	ewife			14. MOTHER'S		-		
	George Pa	tton		Ma	ry A.Mc	Cook		
. Was Deceased	Ever in U. S. Armed Fo (If yes, give wor or dot		CIAL CURITY NO.	17. INFORMANT			ADI	DRESS
				Joseph	E. Scah	efer 802	S. Quai	il St. 24
	E OR CONDITION DI	RECTLY	CAUSE O		handa		ONSI	RVAL BETWEEN ET AND DEATH
DISEASES OF TISE OF THE SIGNIF	R CONDITIONS, if abave cause (A) CONDITION last.  II  FICANT CONDITIONS (ATH BUT NOT REL. CONDITION CAUSING	any, giving slaling lhe		•		iv-Varuel		
19A. DATE OF	OPERATION 198. CON WAS PER	IDITION FOR WHICH	OPERATION	20 A. AUTOPS	Y? (Yes or No)	20B. IF YES, WERI		
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examiner	218. PLACE home, form, etc.)	OF INJURY (e.g., in foctory, street, of	n or about 21 C. W fice bldg., INJURY	HERE DID	(If in Boltime	ore City, give exc	oct location)
OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E. INJUR	Y OCCURRED		DM DID IN10	RY OCCUR?		
(APPROX.)		Work	At Work		. 10.	7 .	OA	12 22
that (I) (Jean)	that (I) (this hospito lost saw the deceos	ed alive on	Odobe	227966	ond that	4in (my) (	pinion death or	curred on the do
ond hour and	from the couses sto	ted obave. (I) (Ne)	(did) (diamet) v	iew the body o	fter deoth.		23B, DATE SIA	CNED
Ma	mel P.29	Lean		s. 💆		toff hy s.		
NAME ITY	1 Packe	09	M.D.	1840	Forten	Tur-	Boek:	29/66 24, md.
REMOVAL (Spanial Burial			edeemer		24D. LO	timore Me	City, lown, or cou	unty) (Stote)
	BY HEALTH DEPT.	258. NAME OF REGI			AL DIRECTOR	/		ADDRESS
0	CT 31 1966	P. D. BE ECA	Fallow Ma 7	Khill	in Offen	wid Am	/2024 0	rleans St

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. 10 30 .

V\$ 150-REV. 1/1/65

00 4 400	BALTIMORE CITY	HEALTH DEPARTMENT	ored No. 66 10895
BIRTH NO. 66 1U895	CERTIFICA	TE OF DEATH Registe	ered No.
M.E. CASE NO.  1. NAME OF DECEASED		2, DATE AND HOUR OF	DEATH
(Type or Print)			
HENRY TOGM.	AN	10.28.66	8 15 A. N
S. PLACE OF BEATH IN BALTIMORE, MARTLAND		4. USUAL RESIDENCE (Where deceased A. STATE B. COUNTY	lived. It institution; residence before ddmission
FULL NAME OF (If not in hospital or institu	tion give street	mp.	
		C. CITY OR TOWN (If outside city lim	its, write RURAL and give township)
INSTITUTION LITTLE SOC OF	he rook	BALTIMORE	10-01
1000 010010	DT	D. STREET ADDRESS (If rurol, give to	culton)
1200 oddey	1000	1200 VALLEY S	
INSTITUTION Little SRS Of 1200 Valley BAIT more	mo. 21202		
SEX 6. RACE 7. MAR	OWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In tost birthdoy)	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRY		12. CITIZEN OF
one during most of working life, even if retired)			WHAT COUNTRY?
WINDOW WASTER		GERMANY	USA-
B. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
trank (Kram)	CIM	losenhine E	uner Back
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
es, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	A. INFORMANT	1 A P
7	220-14-94861	Josephine F 17. INFORMANT Lettle Saley	of the loor
18.0.L. O. C.	CAUSE C	OF DEATH	INTERVAL BETWEEN
1 00 0 1 1	^	4	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	11/10	ssive myocorde	Olympia de la companya della companya de la companya de la companya della company
(This does not mean the mode of dying,	e.g., DUE TO	55700 20019 O COVER	of william
heort failure, asthenia, etc. It means the dis-	ease.		V
injury or complication which caused death.)		del her For a cons	
ANTECEDENT CAUSES	(B)	Hyper Pension	
DISEASES OR CONDITIONS, if ony, g	501	11	
rise to the above couse (A) stating			
UNDERLYING CONDITION lost.	000 === 0=== ===		
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE .		
2 19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YE	S, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		IN CERTIF	YING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	is as should be a second of the second of th	n Boltimore City, give exact location)
	home, form, foctory, street, o	office bldg. INJURY OCCUR?	a politicle City, give exact localion
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)		
21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCU	R?
OF INJURY	While At Not Whi		
(APPROX)	Work At Work		^
22. I certify that (I) (this haspital) attend	ded the deceased from	196# to	, Oet 3P 1966
	Dot 210	GG	
that (I) (we) lost sow the deceased alive	on	ond that in (my)	(our) opinion death accurred on the dat
and hour and from the causes stated abo	ve. (1) (We) (did) (did not)	view the body ofter deoth.	
23A. SIGNATURE	1		23B. DATE SIGNED
thankeel to	A KOR / JO / M.D. AH	ending Med. Stoff	
000,000	Phy	ys. Director Phys.	1
23C. PHYSICIAN'S NAME (Type)	6	23D. ADDRESS	1 0 #
SIANLEY	PAKELDAS M.D.	1101 Moiden Che	vier Lone Soll M
	4C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (Stote)
REMOVAL (Specify) Oct 3/1/2	Yall- OF.	(Rall)	traciona
survice ou sijob	duse vil	w July	imire
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C PUNERAL DIRECTOR	ADDRESS 2021
	No. 15.2 . 10-10 15.2 M.Th.	- 11-11-11-11-11-11-11-11-11-11-11-11-11	1/7/// /00.0 //1 //



66 10896	BALTIMORE CITY HEAL			6 10896
	EDICAL EXAMINER'S C	ERTIFICATE OF I	JEAIH Registered No.	
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AN	D HOUR PRONOUNCED DEA	D
(Type or Print) PEARL	WHITE		ber 27, 1966	2:15 P
3. PLACE IN BALTIMORE, MARYLAN	D, WHERE PRONOUNCED DEAD		deceased lived. If institution: re	sidence before odmission)
FULL NAME OF (IF NOT IN HE	OSPITAL OR INSTITUTION, GIVE STREET	Maryland	e corporate limits write RURAL	
HOSPITAL OR ADDRESS OR	LOCATION)		10-	00
815 Sommer	set Street	Baltimore D. STREET ADDRESS (If rurol,	give location)	
00	, / , . /	815 Somme	rset Street	
5. SEX 6. RACE	WIND WELL TO NEVER ALERTO	8. DATE OF BIRTH	lost bigthdoyl Month	der 1 Yr. If Under 24 Hrs. s Doys Hours Min.
Female Colored	The state of the s		64	
toA. USUAL OCCUPATION (Give kind done during most of working life, even if re		11. BIRTHPLACE State of foreign	in country) 12. Cu	AT COUNTRY?
13, FATHER'S NAME	Troutery	14. MOTHER'S MAIDEN NAM	ou n	12111
Charles	Momis	Ummi	necho	lo .
15. WAS DECEASED EVER IN U.S. A		17. INFORMANT	ADDRI	SSN 15 k/
(Yes, no prunknown) (If yes, give wor o	719 11-37	27 lenn 14	Comes nearly	1. W. Was
18.	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITIO	N DIRECTLY			ONSET AND DEATH
LEADING TO D	EATH AND Hypert	ensive Cardiovas	cular Disease	
(This does not meon the more heart failure, asthenia, etc. It injury or complication which co	meons the discose, DUE TO used deoth.			
ANTECENDENT C	AUSES			
DISEASES OR CONDITIONS,	, IF ANY, GIVING DUE TO		***************************************	**************************
UNDERLYING CONDITION L	AST.			
2	(C)			
OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CAI				
TIPA. DATE OF OPERATION 198.	CONDITION FOR WHICH OPERATION		120 B. IF YES, WERE FINDINGS	
21 A. EXTERNAL CAUSE WAS	21R PLACE OF INJURY (e.g.	NO	(If in Soltimore City give exact	(location)
UNDERLYING OR CONTRIB-	home, form, foctory, street, o	office bldg., INJURY OCCUR?	III VOIMINOIS ONLY, GIVE EXOCI	TO CONTON
Z 21D TIME (Month) (Dov)	(Yeor) (Hour) 21E, INJURY OCCURRED	21F, HOW DID INJU	URY OCCUR?	
OF INJURY (APPROX.)	WHILE AT IT NOT	WHILE		
22.	m. WORK LATW			
I certify that I held o			is bosis, death in my opin	ion
resulted from: Noture	ol couses X Accident Suicid	e Homicide CHIEF MEDICAL EX	Undetermined monner	
ACTUAL	Trooting V	ASSISTANT MEDICAL EX		DATE SIGNED
SIGNATURE EXAMINER'S	9	ASSOCIATE MEDICAL E		
NAME (Type) Rudi	ger Breitenecker			10/27/66
23A. BURIAL CREMATION, 23B. DA	TE 23C. NAME OF CEMETERY	CREMATORY 23D. L	OCATION (City, town, o	r county) (Stotel
Bureal 11-	1-66 ml ache	un Gun K	sellemon	The
ZAA. DATE REC'D BY HEALTH DEPT.	248, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	10	APDRESS IL
OCT 31 19	966 ROSE FORME	sucon or	Ulbin 273	11. contoce
VS 151-REV. 1/1/65		0 9 0 9		

Operior There of the Manuscrape of the State Escare CH-Librat and and and Seltenier 22

a hospital and of death

RTH NO. 66 10897		TE OF DEATH	Registered No	66 10897
NAME OF DECEASED TALBOTT.		2, DATE A	ND HOUR OF PEAT	11/1 0
FULL NAME OF HOSPITAL OR Oddress or locotion)  FULL NAME OF HOSPITAL OR Oddress or locotion)	ve street	BALTIMORE	utside city limits mite	e RUBAL and give township)
SEX 6. RACE 17. MARRIED, N	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Hoder 2
FEMALE WHITE Widow	DIVORCED (s ecify)	4-13-92	lost birthdoy)	Months Doys Hours
DA. USUAL OCCUPATION (Give kind of work 108, KIND OF 8 one during most of working life, even if retired)  HOUSEWILE  3. FATHER'S NAME	BUSINESS OR INDUSTRY	West Virgina  14. MOTHERS MAIDEN NA	AME	12. CITIZEN OF WHAT COUNTRY? U. S. A.
CHARLES Sigmond			rknown	
(es, no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	2/20 0 1	ADDRESS
No. 18.	CAUSE OF	John C. Kress	3520 Rot	perts Place
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, astheria, etc. It means the disease, injury or complication which coused death)	DUE 10	10	mbolus	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	(B) Camo	ewoma of C	iver eith	
(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(B) Cama	ewoma of C ov 2°	iver either of Par	
(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WI WAS PERFORMED	(8) Camo	CHOMA OF C	of Par	VCYCES WEE
(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WIWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	(8) COME TO DUE TO (C)	20A. AUTOPSY? (Yes or N YES or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	LUCY CHANGE CONTROL OF THE CONTROL O	E FINDINGS CONSIDERED AUSES OF DEATH?
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION FOR WIWAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)  21A. ACCIDENT WAS UNDERLYING 12B. Phome, etc.)  OF INJURY (APPROX.)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. I While Work  22. Lartify that (I) (this hospital) attended the that (I)) we) last saw the deceased alive an and haur and fram the causes stated above. (A) 23A. SIGNATURE	(8) CAME DUE TO  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C	20A. AUTOPSY? (Yes or NYES) Tor obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID IN 19 and to the bady after death of the bady after death of the bady after death of the bady address	LUCY CITAL  A of Par  10) 208, IF YES, WER IN CERTIFYING C  (If in Boltim  JURY OCCUR?  19 66 ta  hat in (my) (aur) a  Stoff Phys.	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact locokon)  19 pinion death accurred an the 23B, DATE SIGNED
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WINDS CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OF (Hour) 21E. I OF INJURY (APPROX.)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. I While Work  22. 1 artify that (I) (this hospital) attended the that (I) we) last saw the deceased alive an and haur and fram the causes stated above. (Secretary NAME (Type) C. H. BROWN 441  4A. BURIAL CREMATION, 248. DATE 24C. NAME (Type) C. H. BROWN 441	HICH OPERATION  PLACE OF INJURY (e.g., in form, foctory, street, olf injury Occurred to the form)  Media (did nat) vi  M.D. Atter Phys  Atter Phys  Atter Phys  Atter Phys  A.D.  ME of CEMETERY or CRE	20A. AUTOPSY? (Yes or NYES) or obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID IN 21F. How Did in a continuous of the bady after death of	JURY OCCUR?  HOPKINS  LOCATION  (IVEY CITTLE STATE OF THE	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exoct locotion)  // 27 19 ( pinion death accurred an the control of the
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WINDS CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OF (Hour) 21E. I OF INJURY (APPROX.)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. I While Work  22. 1 artify that (I) (this hospital) attended the that (I) we) last saw the deceased alive an and haur and fram the causes stated above. (Secretary NAME (Type) C. H. BROWN 441  4A. BURIAL CREMATION, 248. DATE 24C. NAME (Type) C. H. BROWN 441	HICH OPERATION  PLACE OF INJURY (e.g., in form, foctory, street, olf injury Occurred Al Work deceased fram Al Men af CEMETERY or CREATERY or CREATERY deceased fram Al Men af CEMETERY deceased f	20A. AUTOPSY? (Yes or NYES) or obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID IN 21F. How Did in a continuous of the bady after death of	JURY OCCUR?  HOPKINS  LOCATION  LOCA	E FINDINGS CONSIDERED AUSES OF DEATH?  Ore City, give exoct locotion)  10 27 19 19 19 19 19 19 19 19 19 19 19 19 19



BALTIMORE CITY HEALTH DEPARTMENT Registered Na..

inson St. Pollante, Md. 2/205 (If outside city limits, write RURAL and give towns p)

(f Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? 75.5. A.

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

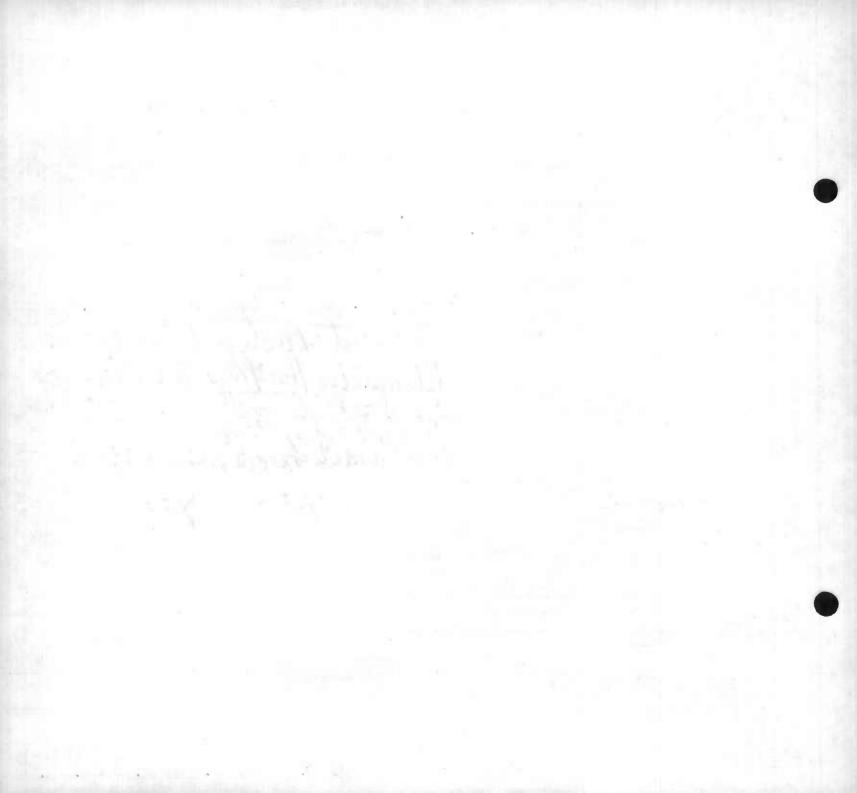
23B DATE SIGNED

(City, lown, or county)

IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65



Balto.12. Md.

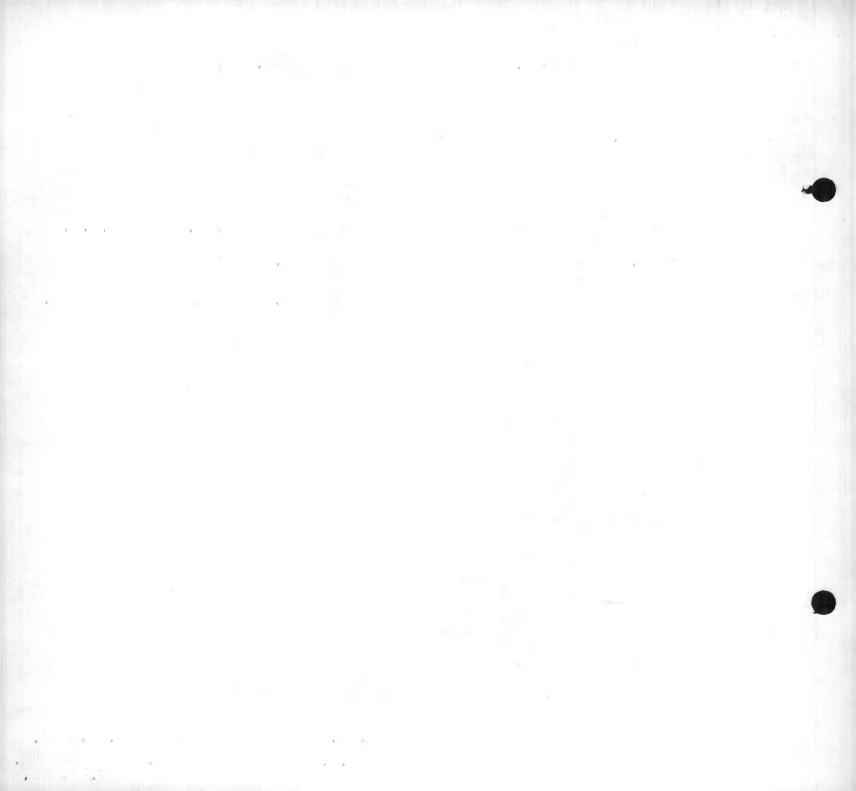
14 1000 18-57 66 77 THE STATE OF THE S  45

	00 1000		HEALTH DEPARTMENT	-	66 10900
BIRTH NO.	66 1090	CERTIFICA	TE OF DEATH	Registered Na.	00 10000
M.E. CASE	NO. F DECEASED	021(71110)		ID HOUR OF DEATH	
Type or Prin	.4)	Managara	2, DATE AN	10/30/46	12 135 5
21 4 6 5 6	I HOMAS	Morris Johns		1 - 1 -	12
. PLACE O	F DEATH IN BALTIMORE, MA	KTLAND	A. STATE B. COUN		nstitution: residence before admissio
FULL NA	ME OF (If not in hospital	or institution, give street	MARYLAND		
HOSPITAL	L OR address or tocotion	n)	C. CITY OR TOWN (IF OU	tside city limits, write	RURAL and give township)
1113111011			BALTIMOR		77 -111
2	THE JOHNS HO	PKINS HOSPITAL		rural, give location	7
			21/1 04/0	ALE ROAD	*
. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 H
MALE	WHITE	WIDOWED, DIVORCED (specify)		lost birthdoyf	Months Days Hours Min.
43 11611 41	Occupation (Circles Indiana	MARRIED	12-13-98	67	
	nost of working life, even if retired)	10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
	ed - Capt.	U.S.Army	Baltimone	Ma	TT C A
3. FATHER		O D D D D D D D D D D D D D D D D D D D	Baltimore.	ME	U.S.A.
Τ	/				
	MAS/JOHNS		AG NES MA	THENY	
5. Was Dec Yes, no or un	cased Ever in U. S. Armed For knawn) (If yes, give wor or dote	s of service)   6. SOCIAL   SECURITY NO.	17. INFORMANT		ADDRESS
Yes	Korean		Miss Edith C	Inner Tohn	s.1655 Waverly
18.	901/1	CAUSE C	OF DEATH	arry somi	INTERVAL BETWEEN
and a	NICEACE OF CONDITION DU				ONSET AND DEATH
,	ISEASE OR CONDITION DIS LEADING TO DEATH	RECILI	Azotema Chrmic ne		2
(This d	aes nat mean the made at	dying, e.g., DUE TO	azvenna		2 4773
heart fo	aîlure, asthenia, etc. It means	the disease,			
injury o	ar camplication which caused	death.)	Channic me	shutin	7-3 410
	ANTECEDENT CAUSES				
	SES OR CONDITIONS, If		,		
	a the abave couse (A)	stoling the (C)			
ONDER	CHINO CONDITION IUSI.				
Z	- 11	0			
E TO TI	SIGNIFICANT CONDITIONS C	ATED TO THE			
DISEAS	SE OR CONDITION CAUSING		100 4	1 000 10 100	
19A. DA	TE OF OPERATION 198. CON	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	USES OF DEATH?
E ()					
OR COL	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., hame, form, factory, street,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Battimor	re City, give exoct locotion)
DEATH	(notify medical examiner)	etc.)			
□ 21 D. TIA		(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJU		White At - Not Whi	le 🗂		
(APPRO	X.1	Work L At Work			1
22. I co	ertify that (M) (this haspital	l) attended the deceased from	10/18	19 La Co. ta	10/30 1960
that H	(we) last saw the decease	ad alive an 10/30		**	t inian death accurred an the d
				J. 1114, (J. 1.)	document of the d
		ted abave. (H) (We) (did) <del>(did not)</del>	view the bady after death.		
23A. SIG	NATURE	1		. "	23 B. DATE SIGNED
1 Ch	ames J. Cor	kens M.D. Att	ending Med.  /s. Director	Stoff Phys. **	10/30/66
23C H	YSICIAN'S		23D. ADDRESS		
NA	ME (Type) JAMES T	. CORKINS M.D.	JHH		
24A P1101A	CREALATION TO THE				
	L CREMATION, 24B. DATE VAL (Specily)	24C. NAME of CEMETERY or CR	EMAIORT 24D. L	OCATION (C	City, town, or county! (State)
Bunis	17/2/10	966 Parkwood	Dos	I officela	Bolto Co Ma
25A. DATE	REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	KVIIIE, I	Balto Co Md.
	OCT 31 1966 (	12098-8 Fr. D. M.D.	Jenkins,	, & Sons Co	. 4905 York Rd
VS 150-REV		TIVOS (C. L. C.	7 7 1 1	Balto.	12. Md.
3 130-REV.	. 1/1/03	and the same of th			



VS 150-REV, 1/T

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY (If outside city limits, write DURAL and give township) If Under 1 Yr. Months: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Walter A. Hedges, 3701 Elkader Rd. INTERVAL BETWEEN ONSET AND DEATH (B) Cerecalized arteriosclassic 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ... and that in (my) (our) opinion death accurred on the date 23B. DATE SIGNED (City, town, or county) Balto.Co. .Jenkins & Sons Co. Balto.12. Md.



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/ )

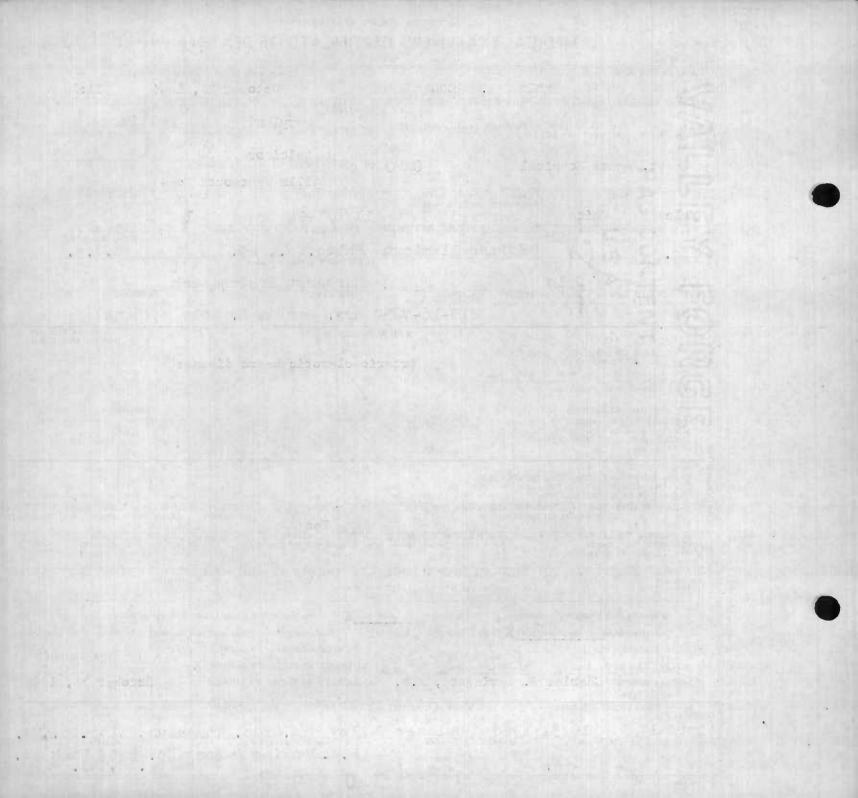
IMPORTANT

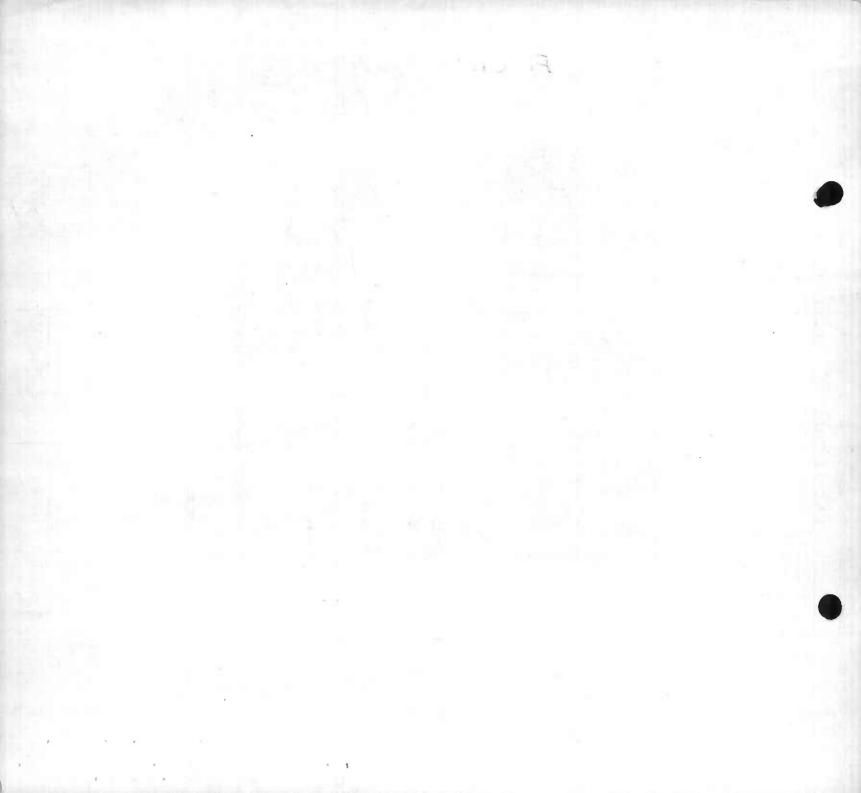
DIRECTOR:

FUNERAL



	M.E. CASE NO.		2. DATE AND HOUR PRONOUNCED DEAD		
	Type or Print)  ARM	IN R. COLE	October 28, 1966   11:50 A		
	B. PLACE IN BALTIMORE, MARYLAND, WH		4. USUAL RESIDENCE (Where deceased lived, If institution: resi		
	FULL NAME OF (IF NOT IN HOSPITA HOSPITAL OR ADDRESS OR LOCAT	L OR INSTITUTION, GIVE STREET TION)	Maryland Baltim C. CITY OR TOWN (If outside corporate limits, write RURAL of		
	St. Agnes Hospit	al (DOA)	D. STREET ADDRESS (If rurol, give locofun)  1713 Wentworth Road	2 3 - 22	
		7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   If Unde	1 Yr. If Under 24 Hrs. Days   Hours   Min.	
	Male White	Married	11/8/1924 41	Doys Hours Min.	
ľ	IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired)	TOR KIND OF BUSINESS OR INDUSTRY Kaiser Aluminum	Balto.Co., Md.	EN OF T COUNTRY?	
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Edgar Leroy Cole 5. WAS DECEASED EVER IN U.S. ARMED		Margaret Breitenbach	s	
	Yes, no or unknown) (If yes, give wor or dotes	s of service) SECURITY NO. 219-16-7250	Mrs. Marion S. Cole (San	ne)	
	DISEASE OR CONDITION DIR LEADING TO DEATH  (This does not mean the mode of heart foilure, asthenia, etc. It means injury or complication which coused death of the county	dying e.g., the discose, leath.)  S NY, GIVING DUE TO	riosclerotic heart disease		
	OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING	ATED TO THE			
	19A. DATE OF OPERATION 19B. CONE WAS PERF	ORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS OF DI YES  Yes  in or obout 21C. WHERE DID (If in Boltimore City, give exact It	EATH?	
	UNDERLYING OR CONTRIB-	home, farm, foclary, street, a	ffice bldg., NJURY OCCUR?	Bart Mark	
	21D TIME (Month) (Doy) (Year) OF INJURY (APPROX.)		21F. HOW DID INJURY OCCUR? WHILE		
	22. I certify that I held on In	nquiry Inspection Aut	copsy X and that on this basis, death in my opinio	n	
	ACTUAL SIGNATURE EXAMINER'S Charles NAME (Type)	S. Springate, M.D.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED ber 28, 1966	
		OOC MANE I GENETERY	CREMATORY 23D. LOCATION (City, town, or		
	23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME OF CEMETERY O	CREMATORY 230. LOCATION (City, 16 Wh, 07	county) (Stote)	





Such

	66 10906		Y HEALTH DEPARTMENT	66 10906
MRTH NO. M.E. CASE NO.		CERTIFICA	ATE OF DEATH Registered No.	
1. NAME OF DE (Type or Print)	MAX W.	RAHNEFELD	Oct. 30, 1966	6 P.
FULL NAME	EATH IN BALTIMORE, MA	RYLAND or institution, give street	4. USUAL RESIDENCE (Where deceosed fived, If ins A. STATE B. COUNTY Maryland	titution: residence before admissi
HOSPITAL OF	R address or tocotio	n)	c. CITY OR TOWN (If outside city limits, wite RI Baltimore	UKIL ond give township)
00	3405 Roselawn	Ave.	D. STREET ADDRESS (If rurol, give location) 3405 Roselawn Ave.	
male	6. RACE Caucasian	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	June 1, 1890 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hours Min.
done during most	CUPATION (Give kind of world working life, even if retired) retired	R 10B, KIND OF BUSINESS OR INDUSTR		12. CITIZEN OF WHAT COUNTRY?
3. FATHERS N			14. MOTHER'S MAIDEN NAME	
(lst	unknown) Rahi	nefeld	unknown	
	ed Ever in U. S. Armed For wn) (If yes, give wor or dote		17. INFORMANT	ADDRESS
es, no or diskno	windit yes, give wor or don	SECORITY NO.	Mrs. Amelia F. Rahnefeld -	3405 Roselawn A
DISEASES rise to UNDERLY!!  OTHER SIG TO THE DISEASE OF THE DISEAS	not mean the mode of e, asthenia, etc. It means omplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the obove cause (A) NG CONDITION last.  III  NIFICANT CONDITIONS (DEATH BUT NOT REL. R CONDITION CAUSING	any, giving stating the CONTRIBUTING	teriosclerotec CV deseas ated hypertension ites = myocardial doc	ans.
19A. DATE	OF OPERATION 198, CON WAS PER	IDITION FOR WHICH OPERATION	20 A. AUTOPSYT (Yes or No.) 20 B. IF YES, WERE FI	INDINGS CONSIDERED
U 21A. ACCID	BUTING CAUSE OF	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID (If in Bothmore office bldg., INJURY OCCUR?	City, give exact locotion)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED  While At Not WI Work At Wor	21F. HOW DID INJURY OCCUR?	
that (I) (we	last sow the decease	t) attended the deceosed from(	30 19 6 6 and their in (my) ( ) opin	ion death occurred on the c
23A 3GNA 23C. PHYSIC NAME	JANS Har	bold M.D. A	thending Med. Stoff Phys	Oct 31, 196
24A. BURIAL C	REMATION, 24B. DATE	24C. NAME of CEMETERY of C	41 00 mar rol a roas, Daronin	y, town, or county) (State
REMOVAL	(Specify)		Baltimore Md	tainte

VS 150-REV. 1/1/65

1966

Inc.-5305 Harford Rd., 14 Leonard J. Ruck,



IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

If Under 24 Hrs.

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

and the second s the second for the second flow on 

BIRTH NO.		8	CERTIFICA	TE OF DEATH	Registered No.	66 10908
	DF DECEASED	LT HIG	HMAN	2. DATE AN 10-30	-66	111 A. M
	OF DEATH IN BALTIMORE, MA	aive street	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY Maryland			
HOSPITA	FULL NAME OF (If not in hospital or institution, give street oddress or location)  INSTITUTION  The Gould Convalesarium  6116 Belair Road			C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Baltimore  D. STREET ADDRESS (If rural, give location)  8808 Wolverton Road		
90						
5. SEX fema.	6. RACE	NEVER MARRIED D. DIVORCED (specify)	6. DATE OF BIRTH Oct. 15, 1887	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
done during	L OCCUPATION (Give kind of work most of working life, even if retired) ewife	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore Patterson, N	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER	rs NAME uel Holt			14. MOTHER'S MAIDEN NA		
	eceased Ever in U. S. Armed For Inknown) (If yes, give wor or dote		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Eleanor F	ivehouse -	8808 Wolverton Rd.
(This heart injury	DISEASE OR CONDITION DISEASE OR CONDITION DISEASE OR CONDITION DISEASE OR CONDITIONS, if to the above cause (A) ERLYING CONDITION last.	dying, e.g., the disease, death.) any, giving stating the	(B)			INTERVAL BETWEEN ONSET AND DEATH  SIS 5 42 44
A DISEA	THE DEATH BUT NOT RELA SE OR CONDITION CAUSING I ATE OF OPERATION 198. CON WAS PER	T. DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No	·	FINDINGS CONSIDERED
U 21A. A	CCIDENT WAS UNDERLYING DNTRIBUTING CAUSE OF	21 B. hom etc.	ne, form, foctory, street, of	or obout 21C. WHERE DID	(If in Boltimor	re City, give exact location)
21 D. TI OF IN.	JURY		ile At Not While	21 F. HOW DID INJ	URY OCCUR?	
that ( and h 23A. Si	certify that (I) (this haspital I) (we) lost sow the decease our and from the causes state IGNATURE HYSICIAN'S AME (Type)	ed olive on	I) (We) (did not) v	nding Med. Director	Stoff Phys.	inion death occurred on the date 23B, DATE SIGNED 10-31-66
REMO	Dr. Donald AL CREMATION, DATE OVAL (Specify) rial Nov.2,1	24C. N	AME of CEMETERY of CRE Cedar Lawn			ity, town, or county) (Stote)
25A. DATE	OCT 31 1966 (1)	25B. NAME C	of REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS 05 Harford Rd., 14

BALTIMORE CITY HEALTH DEPARTMENT



	(do-22/028	1000-		BALTIMORE CITY	HEALTH DEPARTMENT	1/	66 1/1000
	NO. 66	10909		CERTIFICA	TE OF DEATH	Registered Na	70309
I.NA	ME OF DECEASED	CIRO	MEKO	Mai	2. DATE	AND HOUR OF DEATH	
. PL	TOPPO	TIMORE MARY		DAIDED	4. USUAL RESIDENCE (V	here deceosed lived, II ins	titution: residence before admission)
	ERTIFIC III NAME OF III NO	A H	AMI		A. STATE B. CO	LAND.	Balto Co.
	STITUTION	ess of locomon)		11-1-66	B	ALTIMORE	URAL ond give township)
3	5 chur	eh Hm	uelH	spital	D. STREET ADDRESS	18 turol, give location) 15 x 615 Be	IRRB AVE.
S. SE	6. RACE	7.		DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	JSUAL OCCUPATION (Gi			BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNTRY?
	nou.		no	ul	MARYLA	. 64	U.S.A
3. F/	JAC JAC	OB	MERC	LON.	JEANE	TTE	
	os Deceosed Ever in U. no or unknown) (If yes, giv			6. SOCIAL SECURITY NO.	JACOB MEKO	LON	ADDRESS
1-	8.773.5	1		CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CON	IDITION DIRECTO DEATH	CTLY	Pul	Share Share	mft went	16615
1	This does not meon the neort failure, osthenio, e njury or complication w	Ic. It meons th	ne diseose,	DUE TO	aline ment	name Disea	e Y6hes
r	DISEASES OR CONDI	TIONS, if on couse (A) s		DUE TO	rematurity	2-15/2	
2	OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATE	NTRIBUTING ED TO THE				
	A. DATE OF OPERATION		TION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes) or	No. 208. IF YES, WERE F	INDINGS CONSIDERED
AL C	R CONTRIBUTING CA	USE OF	21 B. P home, etc.)	LACE OF INJURY (e.g., in lorm, foctory, street, of	or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
3 0	1D. TIME (Month) (DF INJURY APPROX.)	Doy) (Year)		NJURY OCCURRED  Not Whill At Work	21F. HOW DID	NJURY OCCUR?	
2	2. I certify that (1) (t)	nis hospital)	attended the	deceased fram		19ta	19
1	hat (I) (we) last saw	he deceased	alive on		19and	that in (my) (aur) apin	ian death accurred on the date
		causes stated	d oboys. (1)	(Me) (did) (did not) v	iew the bady after deat	h.	
2	3A. SIGNATURE	111000	XIO	M.D. Atte	nding Med.	Stoff	23B. DATE SIGNED
2	3C. PHYSICIANY NAME (Tyle)	moej,	view	Phy	Director Director	Phys.	10/1/100
				M.D.	CHURCH HON	16 \$ HOSP.	BALTO, ND.
24A.	REMOVAL (Specify)	10/20/60	6 Cun	LOT LUTHERAL	1 Course of 3	BALTO, COURT	y, town, or country) (State)
25A.	DATE REC'D BY HEALTH	1966	SB. NAME OF	BE GOLDON	25C. FUNERAL DIRECT	BUNERAL HM	DUNDALIE, MD.
VS 15	50-REV. 1/1/65						

hetter from Church Home & Hapital ħ DACOG MENCHON STTSMAR STTSMAR 30-58-01 Bush Buck

1	66 10910 BALTIMORE CITY HEA	LTH DEPARTMENT
5-354		ERTIFICATE OF DEATH Registered No. 10310
)	1. NAME OF DECEASED FRANCIS PIEML	2. DATE AND HOUR PRONOUNCED DEAD 515 A
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If fuside corporate limits, write RURAL and give township)
	37 Mercy Hospital	3601 Cake Mentebello Dirive
	5. SEX  6. RACE  7. MARRIED, NEVER MARRIED  WIDOWED, DIVORCED (specify)  Married	Sept. 14, 1902.  9. AGE (In yeors of Direction of Doys Hours of Min.
	done during most of working life even if retired)	Maryland WHAT COUNTRY?
	George J. Stiemly	Laura Pasquay
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.	Mrs. Madeline O. O'Neill (Same)
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	pitation of bolus
	DISEASE OF CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	- Weller Lander F
	21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 10 28 66 7pm. WHILE AT NOT AT V	WHILE Sortated food causing air way work on that on this bosis, death in my opinion
	resulted from: Notural couses AccidentX Suicident	Homicide Undetermined manner DATE SIGNED  ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 10. 29. 66
	REMOVAL (Specify) Burial  23B. DATE 23C. NAME of CEMETERY Comparison 23B. DATE 23C. NAME of CEMETERY Glen Haven	
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR  OCT 31 196 P. S. 151-REV. 1/1/65	24C. FUNERAL DIRECTOR ADDRESS

FRANCIS & FORMACK TO CONTROL STAR BE Mercy Hospital Steel Lake Mentebelle Dive Vimental in when all Carach Control of the Aspiration of both Along the Charles and Combine Statement Rational well Rationer, A dispirated freet country survivey N 28 66 76 Ently we beday - Millians h. E. C. 10, 25, 66 and the second But all to the total the contract of the contr Manney I. Sugar Inc. 8-25c, Far Balling

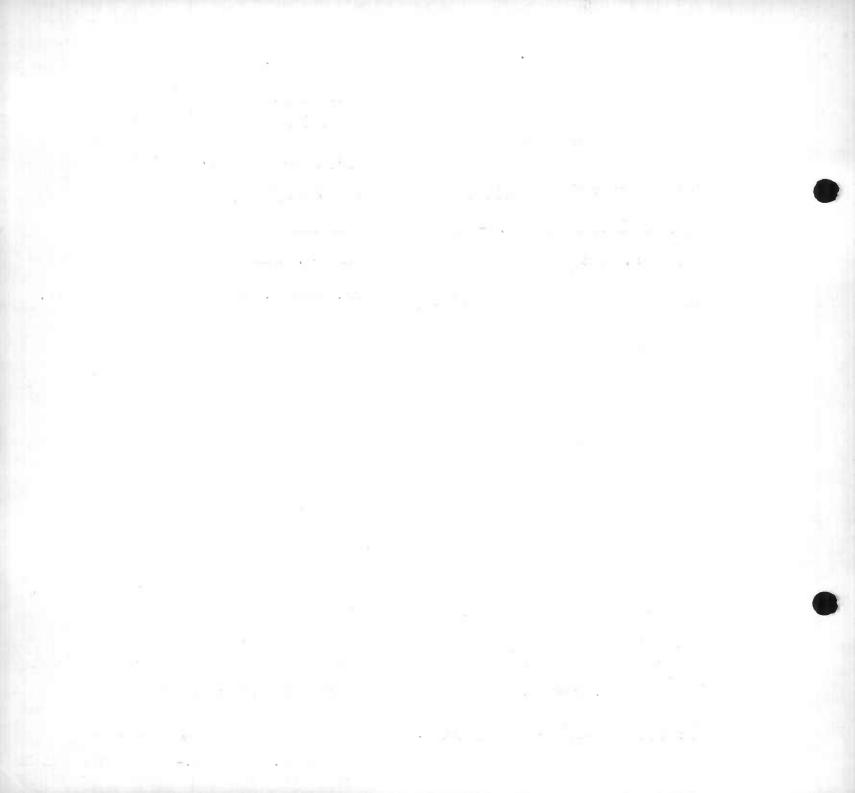
ype or Print)	MARY	M.	DRURY	2. Date and Hour of Oct. 29, 196	21
PLACE OF DEATH IN	BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE (Where deceased	lived. If institution: residence before admissi
FILL MALE OF	716 t tt			A. STATE B. COUNTY	
HOSPITAL OR INSTITUTION	(If nat in haspitot oddress or locotic	on)	ion, give street	C. CITY OF TOWN (If outside city limit	its, write RURAL and give tawnship)
	e in the	Pine	s Bel Aire	Baltimore	21-03
9 5837	Belair	Road		D. STREET ADDRESS (If surel, give los	cotion)
				5134 Hartord Rd.	
SEX 6. RAC			RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In y lost birthdoy)	
	ucasian		ingle D OF BUSINESS OR INDUSTR	10/21/1892 74 Y 11. BIRTHPLACE (State or foreign Country)	12. CITIZEN OF
one during most of working I	life, even if retired)	10			WHAT COUNTRY?
	chboard	Upr.	Beth Steel		USA
3. FATHER'S NAME	0			14. MOTHER'S MAIDEN NAME	
James P. L	U			Mary M. Thomas	
5. Wos Deceased Ever in (es, no ar unknawn) (If yes,	U. S. Armed Fo	arces? tes af serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no			212011736	Mrs. Louis W. Rehberg	ger 2904 Second Ave.
18. 153,	21		CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR	CONDITION D			Januar Otto tantiti	alcomma
	NG TO DEATH		(A)	ellian jeo i remembre	LOWINGE
(This does not mea				Λ (	
			3436,	1. H 1	2 0
injury or complication			//	Thing Carcinona of	rusel 3 coass as
injury or complication		d deoth.)	(B)	TemoCaremona of the	rivel 3 years as
injury or complication  ANTECI  DISEASES OR CO	en which cause EDENT CAUSE NDITIONS, if	d deoth.) S ony, gi	(B) DUE TO	Tems Carcinona of the	well 3 years as
injury or complication	en which cause EDENT CAUSE NDITIONS, if we cause (A)	d deoth.) S ony, gi	(B) DUE TO	Edward of the Care	well 3 years as
DISEASES OR CO	en which cause EDENT CAUSE NDITIONS, if we cause (A)	d deoth.) S ony, gi	(B) DUE TO	6.0	ovel 3 years as
DISEASES OR CO	en which cause EDENT CAUSE NDITIONS, if we cause (A) IDITION last.	d deoth.) S ony, gi stating CONTRIBE	(8) DUE TO ving the (C)	Control	owel 3 years as
DISEASES OR CO	en which cause  EDENT CAUSE  NOITIONS, if  ve cause (A)  DITION last.  I CONDITIONS  BUT NOT REL	d deoth.) S ony, gi stating CONTRIBL	(8) DUE TO ving the (C)	Control	Just 3 years as
OF THE SIGNIFICANT TO THE DEATH DISEASE OR CONDI-	m which cause EDENT CAUSE NDITIONS, if we cause (A) IDITION last.  I CONDITIONS BUT NOT REL TON CAUSING ATTON 198. CO	d deoth.) S ony, gi stating CONTRIBU	(8) DUE TO ving the (C)	20A. AUTOPSY? (Yes or Natl 208. IF YE	S. WERE FINDINGS CONSIDERED
OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDITION OF THE DISEASE OR CONDITIO	en which cause EDENT CAUSE NDITIONS, if we cause (A) DITION last.  I CONDITIONS BUT NOT REL TION CAUSING (TION 19B. CO) WAS PE	d deoth.) S ony, gi stating CONTRIBU ATED TO IT. NDITION I	Ving the (C)  JTING THE	20A. AUTOPSY? (Yes or Nat 208, IF YE IN CERTIF	S, WERE FINDINGS CONSIDERED YING CAUSES OF DEATH?
OF LINE OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING	EDENT CAUSE NDITIONS, if we cause (A) IDITION last.  I CONDITIONS BUT NOT REI TION CAUSING WAS PE S UNDERLYING CAUSE OF	d deoth.) S ony, gi stating CONTRIBU ATED TO IT. NDITION I	Using the (C)  JTING THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, form, foctory, shee),	20A. AUTOPSY? (Yes or Nat 208, IF YE IN CERTIF	S. WERE FINDINGS CONSIDERED
OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDITION OF THE DISEASE OR CONDITIO	EDENT CAUSE NDITIONS, if we cause (A) IDITION last.  I CONDITIONS BUT NOT REI TION CAUSING WAS PE S UNDERLYING CAUSE OF	d deoth.) S ony, gi stating CONTRIBU ATED TO IT. NDITION I	Uving the (C)  JTING THE  FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Nat 208. IF YE IN CERTIF	S, WERE FINDINGS CONSIDERED YING CAUSES OF DEATH?
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OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDITION OF THE DEATH DISEASE OR CONDITION OF CONTRIBUTING DEATH (natify medical death (n	m which cause EDENT CAUSE NDITIONS, if we cause (A) IDITION last.  I CONDITIONS BUT NOT REI TION CAUSING WAS PE S UNDERLYING CAUSE OF	d deoth.) S ony, gi stating CONTRIBU- ATED TO IT. NDITION I	JTING THE  TOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, form, foctory, sheet, etc.)	20A. AUTOPSY? (Yes or Nat 208. IF YE IN CERTIF IN CERTIF Office bldg., INJURY OCCUR?	s, were findings considered ying causes of death?
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258. NAME

1966

25C. FUNERAL DIRECTOR
Leonard J. Ruck, Inc. - 5305 Harford Rd, 14

25A. DATE REC'D BY HEALTH



## BALTIMORE CITY HEALTH DEPARTMENT 2 - 26 MRTH NO. MILLON, MILL MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 10912 M.E. CASE NO.

M.E. CASE NO.	AMIII VEIK O CI	EKTITICATE OF DEATH REGISTE	00 10016
1. NAME OF DECEASED LUCY R.	Zaccari	a 2. Date and hour pronound	ED DEAD BILL AM
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)  TO THE STITUTION  TO THE STITUTION	THON, GIVE STREET	A. USUAL RESIDÊNCE (Where deceosed lived. If instant STATE B. COLOR CO. CITY OR TOWN AT autside carparate limits, write Balling.  D. STREET ADDRESS (If rural, give locotion)  4324 Bi-chms	JNTY
Female White WIDOWED	NEVER MARRIED DIVORCED (specify) ngle	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr, If Under 24 Hrs. Months, Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND Of dane during mast of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  Maryland	12. CITIZEN OF WHAT COUNTS
Thomas J. Zacc		14. MOTHER'S MAIDEN NAME Sally C.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na grunknown) (If yes, give wor or dotes of service)	SECURITY NO.	Mr. Thomas Zaccaria	(Same)
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DIF (D) (C) (C)	Prenmonitis (SDii)	INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION WAS PERFORMED	HE	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FI	
UTING CAUSE OF DEATH.	PLACE OF INJURY (e.g., form, factory, street, o	in ar about 21C, WHERE DID (If in Baltimare City, gi office bldg., INJURY OCCUR?	ve exoct location)
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23A. BURIAL CREMATION, 23B. DATE 23 REMOVAL (Specify) 10/31/66.	Holy Redeeme		
24A. DATE REC'D BY HEALTH DEPT. 248. NAME  OCT 31 1966 248. NAME  VS 151-REV. 1/1/65	F. Falling	Leonard J. Ruck Inc. Bal	.to. Md. 21214

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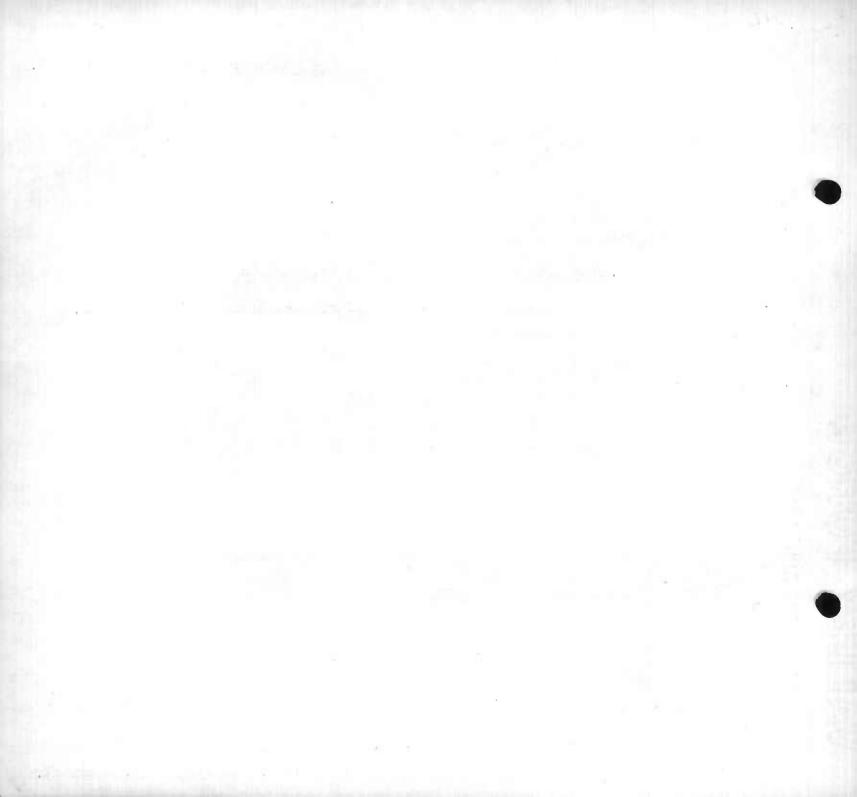
BALTIMORE CITY HEALTH DEPARTMENT



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M.S.

M.E. CASE N				2. DATE A	ND HOUR OF DEA	TH	
Type or Print)				Octo	h 2/ 70	66 6:3	20 4
PLACE OF	Helen Chesle	ARYLAND		4. USUAL RESIDENCE (Who	per Zo L9	If institution; residence	efore odmis
				A. STATE B. COU	NTY		
FULL NAM		ol or institution, giv	ve street	Maryland c. City ok town (If ou			
INSTITUTIO	N			C. CITY OR TOWN (If or	tside city limits, wri	te RURAL and give low	rnship)
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00	Baltimore,	Maryland	21215	D. STREET ADDRESS (If	rurol, give location)		
0		,		3639 Reister	stown Road		
5. SEX	6. RACE		IEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr.	If Under 24 lours Min
Formale	Calamad		DIVORCED (specify)		lost birthday)	Month's Doys	100ts /viii
Female	Colored OCCUPATION (Give kind of wo	ork IOR, KIND OF B	owed	11. BIRTHPLACE Store of lord	64	12. CITIZEN OF	
	ast of working life, even if retired					WHAT COUN	NTRT?
House	se wife			Baltimore, Mar	brefyr	USA	
13. FATHER'S	NAME			Baltimore, Mar	ME		
	ohn P. Bond	9 19	(	Nellie Tab	bs	ADDRES	5
Yes, no or unk	nown) (If yes, give wor or do	otes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRES	3
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18. //	43 VI		CAUSE C	F DEATH		INTERVA	BETWEEN
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injuly di		ed deoth.)	(B) J	portensie (	onolin Has	w/s 2-17	£.
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8-630	BIRTH NO.  MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.  M.E. CASE NO.
	1. NAME OF DECEASED GENEVA P.EI-1'NE 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) GUT 30/66 300 AM
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deposed live). If institution: residence before admission)  A. STATE  MARYLAND, WHERE PRONOUNCED DEAD  A. STATE
	FULL NAME OF ADDRESS OR LOCATION)  INSTITUTION  C. CITY OR TOWN, (If Justide corporate limits, write TORAL and the mounts)  C. CITY OR TOWN, (If Justide corporate limits, write TORAL and the mounts)
	D. STREET ADDRESS (If rural, give location) S402 Clover Road
	5. SEX 6. RAGE (In years lost birthday) 100. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
	dane during most of weeking life, even if retired)  Ambridge  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
	The mas Nobbias  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL  Yes, no go unknown) (If yes, give wor or doles of service)  SECURITY NO.
	No None Louise Brondo - 608 ChARRAWAY Rd
	DISEASE OR CONDITION DIRECTLY
	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. Il means the disease, injury as complication which coused death.)
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	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED
	UNDERLYING OR CONTRIB-   hame, farm, foctary, sheet, affice bldg., INJURY OCCUR?
	21D TIME (Manth) (Doy) (Year) (Haur) 21E, INJURY OCCURRED   21F, HOW DID INJURY OCCUR?  OF INJURY (APPROX.)   WHILE AT   NOT WHILE   NOT WORK   AT WORK   NOT WORK
	I certify that I held on Inquiry Inspection Autopsy and that on this basis, death in my opinion
	resulted fram: Notural couses Accident Suicide Homicide Undetermined monner  CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE WETTER U. Spitz, M. B. ASSISTANT MEDICAL EXAMINER 10. 30. 1966
	NAME (Type)  23A, BURIAL CREMATION, 23B, DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (State)  REMOVAL (Specify)
	BURIAL 11-2-66 BALTIMORE NATIONAL - BALTMORE Md 24A. DATE REC'D BY HEALTH DEPT.  24B. NAME OF REGISTRAR  24C. FUNERAL DIRECTOR ADDRESS
	OCT 31 1966 Robout & Falleyman To Asymeth Armacost - Hoorlib Hopts Av.

General Demand act 3 / CE Mary Come Hogo tal Bellinus SINGS ELLE CROVEL BURN Frank Waste 36 200 200 Delinestante and William Englance 10. 20. 1750

A STATE AND HOUR OF DEATH  PLACE OF DEATH IN BACTIMORE, MARTLAND  PLACE OF DEATH IN BACTIMORE, MARTLAND  PLIL NAME OF BEGEASED  PLIL NAME OF (If not in hospitol or institution, give street oddiess or locotion)  A STATE B. COUNTY  PLIL NAME OF (If not in hospitol or institution, give street oddiess or locotion)  A STATE B. COUNTY  PLIL NAME OF (If not in hospitol or institution, give street oddiess or locotion)  A STATE B. COUNTY  PLIL NAME OF (If not in hospitol or institution, give street oddiess or locotion)  A STATE B. COUNTY  PLIL NAME OF (If not in hospitol or institution, give street oddiess or locotion)  A STATE B. COUNTY  PLIL NAME OF (If not in hospitol or institution, give street oddiess or locotion)  A STATE B. COUNTY  PLIL NAME OF (If not in hospitol or institution, give street oddiess or locotion)  B STATE ADDRESS (If rurol, give locotion)  A STATE ADDRESS (If rurol, give locotion)  B DEATH TOWN (If outside city limits, write) RURAL ond give lowmanthp)  B STATE ADDRESS (If rurol, give locotion)  A STATE ADDRESS (If rurol, give locotion)  B DEATH TOWN (If outside city limits, write) RURAL ond give lowmanthp)  B STATE ADDRESS (If rurol, give locotion)  A STATE ADDRESS (If rurol, give locotion)  B DEATH TOWN (If outside city limits, write) RURAL ond give lowmanthp)  B STATE ADDRESS (If rurol, give locotion)  B DEATH TOWN (If outside city limits, write) RURAL ond give lowmanthp)  B STATE ADDRESS (If rurol, give locotion)  B STATE ADDRESS (If rurol, give locotion)  B STATE ADDRESS (If rurol, give locotion)  B STATE ADDRESS (If rurol, give location)  B STATE ADDRESS (If rurol, give	RTH NO.	CEKTIFICA	TE OF DEATH	3 3 3 5 5 5
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21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., in or about home, form, foctory, street, office bldg., INJURY OCCUR? etc.)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  While At Not While	UNDERLYING CONDITION (ost.  I)  OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	BUTING O THE	[20 A. AUTOPSY? (Ves or No)] 20 B. IF YE	S. WERE FINDINGS CONSIDERED
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	BALTIMORE CITY H	EALTH DEPARTMENT			00	Aman.
DICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH	Registered No.	19851

M.E. CASE NO.
1. NAME OF DECEASED (Type of Print)
(SALLIE) SALLY SANDERS (SAUNDERS) October 28, 1966 4:00 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESTDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
Maryland
FULL NAME OF HOSPITAL OR HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C. CITY OR TOWN (II outside corporate limits, write RUKAL and give township)
INSTITUTION Baltimore
726 W. Fairmount Avenue D. STREET ADDRESS (If rurol, give locotion)
726 W. Fairmount Avenue
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.
WIDO WED, DIVORCED (specify)   lost bithday   Months   Days   Hours   Min.
Female Negro Married 7-3-1917 49
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Laundey Lancaster Va. 2,5,A.
13. FATHER'S NAME
tred Smith Mary Ella Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
100. 105 Mug Daunders 1829 W. Fairmin
1B. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH  (This does not meon the mode of dying, e.g., DUE TO DUE TO
heart failure, astheria, etc. It means the disease, injury or complication which coused death.)
injury of complication which caused death.
ANTECENDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING BUT TO Fatty methamorphosis of liver
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C)
OF THE RESIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Yes   Was Performed Yes
21A. EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) UNDERLYING □ OR CONTRIB- home, form, factory, street, office bldg., INJURY OCCUR?
UNDERLYING OR CONTRIB-  DOWN GOOD CAUSE OF DEATH.  ON THE CONTRIB-  CONTRIB-
21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT WHILE
m. WORK L AT WORK L
22.
resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner
ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MANY J. ASSISTANT MEDICAL EXAMINER A
EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER October 28, 1966
NAME (Type)
23A, BURIAL CREMATION, 23B, DATE 23C, NAME of CEMETERY of CREMATORY 23D, LOCATION (City, town, or county) (Stote)
Burial 10-1-66 Bultimore National Bultimore Mid.
24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS
DOT 31 1968 R.D. A. S. Falling Morton & Duett F. H. 1701 Lauren's S
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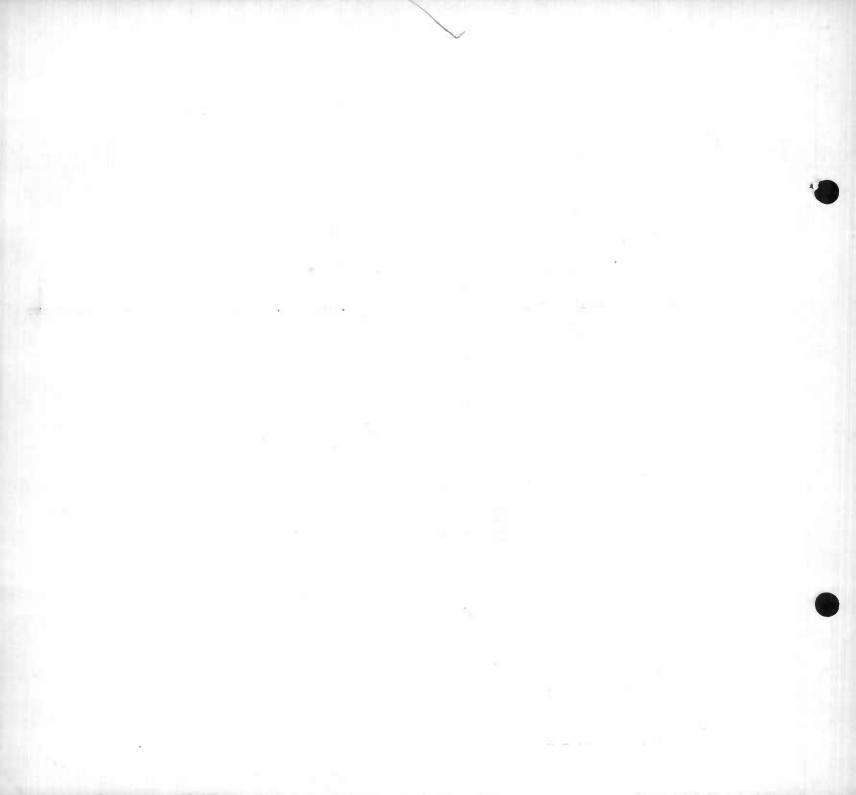
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Maryland Strains Luther Hospit Hayland The second 4 C Supple HASCVO Secolus 75 60-0 x, 00-0, 00-01 10-29-16 and see well husbaness speck a Handin

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FUNERAL DIRECTOR: IMPORTANT

	60 40004	BALTIMORE CITY	HEALTH DEPARTMEN	NT /	00 10001
BIRTH NO.	66 10924	CERTIFICA	TE OF DEAT	H Registered No.	66 10924
M.E. CASE NO.		GERTII 167		- V	
1. NAME OF DE	CEASED >-/		2. DA	TE AND HOUR OF DEATH	//
Dunnir	19. Edward	Waugh		5: to AM.	07 29 66 M
3. PLACE OF DE	ATH IN BALTIMORE, MARYLAND			(Where deceased lived, If	institution: residence before admission)
			ma i	1	1 110
HOSPITAL OR	OF (If not in hospital or instill oddress or location)	tion, give street	17d.	Anne	Arundel (o)
INSTITUTION	/	,			RURAL ond give lownship)
Bon Se	cours Hospital		Severna	ark	32-00
-2025/11	Farette Stree	+	D. STREET ADDRESS	(If rural, give location)	
3. H.	Fayette Stree	2/229	R+ 2 7	Box 485	Severna Park.
5. SEX	6. RACE 7. MAI	RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
44	WID	OWED, DIVORCED (specify)	2/1/	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
141	$\omega$	Married	11/94	72	
	UPATION (Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	( working life, even if retired		Do 1+1 man	an Manuland	
Del Em	relayed - Builder			e, Maryland	4.5A.
3. FATHER'S NA	ME /		14. MOTHER'S MAIDEN	NAME	
Edwar	1 to D.		/ /- 1.7-	an orb	
5. Was Decense	d Ever in U. S. Armed Fortes?	1 6. SOCIAL	17. INFORMANT	augh	ADDRESS
Yes, no or unknow	(If yes, give wor or dates of ser	SECURITY NO.	HALMMANAIAI		Un Pured
Yes	World War I		Mrs. Mary T.	Dunning es-	e address as above
18.	7 1	CAUSE O		Damithe Sam	INTERVAL BETWEEN
50/	ACT OF CONDITION DISCOUR				ONSET AND DEATH
DIZEA	ASE OR CONDITION DIRECTLY LEADING TO DEATH	12	11/1		20
IThis door		(A)	- V / 7		acces
	not meon the mode of dying, , osthenia, etc. It meons the dis				U
	mplication which caused death.)				
	ANTECEDENT CAUSES	(B)	he cimenia	in C 0 0 0 0	
DICEACEC	OP CONDITIONS IS	DOL 10			
	OR CONDITIONS, if any, go ne obove couse (A) stating				
	G CONDITION last.	(0)			
Z OTHER SICK	II  NIFICANT CONDITIONS CONTRIB	IITING			
E TO THE I	DEATH BUT NOT RELATED TO				
A DISEASE OF	CONDITION CAUSING IT.		100 a	M 1 000 1-1-1-1	
19A. DATE O	F OPERATION 198. CONDITION	FOR WHICH OPERATION	ZUA. AUTOPSY? (Tes	or No) 208. IF YES, WERE	AUSES OF DEATH?
2			yes	,	Yes
U 21A. ACCIDI	ENT WAS UNDERLYING DEUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE E	OID (If in Boltimo	ore City, give exact lacotion)
DEATH (notif	y medical examiner	home, form, foctory, street, of	tice bldg., INJURY OCCI	J R?	
<u>U</u>					
OF INJURY	(Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DI	D INJURY OCCUR?	
OF INJURY		While At Not Whil			
		Work At Work			
22. I certify	y that (1) (this haspital) atten	ded the deceased fram	Cet. 11	19 66 ta G	CT 29 19 66
that (1) (we	) last saw the deceased alive	on Got. 29(5)	5 A1419 66 0	nd that in (my) (aur) or	olnian death accurred an the dat
					orman deam accorde an me ad
	nd from the causes stated abo	ve. (1) (We) (did) (did nat) v	iew the bady after de	eath.	
23A. SIGNAT	URE				23 B. DATE SIGNED
1 re	1112 81.60	Cha M.D. Atte	ending Med.	Stoff N	14 00 -1
23C. PHYSICI	ANST		23D. ADDRESS	Phys.	IUCI. 27. 1966.
NAME (	Type				
		M.D.	13AN 5	SECOLLES H	OSPITAL
4A. BURIAL CR	EMATION, 248 DATE 2	4C. NAME of CEMETERY or CRI	EMATORY 12	4D. LOCATION	City, town, or county) (State)
REMOVAL				,	
Buria		Druid Ridge Ce	metery	Pikesville,	Md.
SA. DATE REC'I	manus a second of	ME OF REGISTRAR	25C. FUNERAL DIRI	CTOR	ADDRESS
	NOV 1 1966 (7.1	2 HE STAILENFOR	3/10 197	be Ll	sullo, my.
'S 150-REV. 1/1	TAILO-		The state of the	and John	wound it
0 100-KE V. 1/1.	, 00				



M.E. CASE NO.							1	
1. NAME OF D	CHARLES V.		WILLIAMS			er 27, 1966	D DEAD	7:45 A
	LTIMORE MARYLAND, V	VHERE PRONOL		4. USUAL RESIDI		eceosed lived. If instit	ution: reside	M.
FULL NAME OF	F (IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITU	THON, GIVE STREET	C. CITY OR TOW		Baltimo: corporote limits, write  DUNDALK	re /	Bulte Co
371	Mercy Hospital			D. STREET ADDR		ive lecetion) e	2727	Southbrook 21222
5. SEX Male	6. RACE White	WIDO WED,	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH		9. AGE (In years lost birthdoy) 52		Yr. If Under 24 Hrs.
	CUPATION (Give kind of wo of working life, even if retired) CONSTITUTE MALE			Delaw	rare	country)	U-S	OF COUNTRY?
	Lee Neal	William	IS	Eva	Hubbard			
	SED EVER IN U.S. ARME wnly (If yes, give wor or dot Army WWII		16. SO CIAL SECURITY NO. 212-09-4655	Wife, Mrs	Dorot	hy Williams	ADBESS 7	Southbrook Dundalk, Md
OISEASE RISE TO UN DERL	ASE OR CONDITION D LEADING TO DEAT S not mean the mode of the control of the course of	H  of dying, e.g., s the discose, deoth.)  EES  ANY, GIVING STATING THE	Arteri	osclerotic		pertensive		DNSET AND DEATH
DISEASE		ELATED TO 1 G IT.		_	- 11	OB, IF YES, WERE FIN		TH?
O UNDERLYIN	IAL CAUSE WAS GOR CONTRIB- AUSE OF DEATH.  (Month) (Doy) (Ye	or) (Hour) 2	PLACE OF INJURY (e.g., form, foctory, street, other foctory), street, other foctory, other foctory, street, other foctory, other foctory, street, other foctory,	in or obout 21C. White bldg., INJURY	CES   WHERE DID (IF	in Boltimore City, giv	e exoct loc	Yes otion)
ACTU SIGNA EXAM	TURE / V	Inquiry Douses X	Inspection Au	one Homici	de Ur EDICAL EXA	MINER		DATE SIGNED
23A. BURIAL C	REMATION, 23B. DATE	23	C. NAME OF CEMETERY OF	or CREMATORY	Balt	cation (City,	land	unty) (Stote)
24A. DATE REC	NOV 1 1966	24B, NAME	E Fofeman		DUDA,	Dundalk, Ma		DDRESS 1 21222

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BALTIMORE CITY HEALTH DEPARTMENT

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and death

	BALTIMORE CITY	HEALTH DEPARTMENT		700 100000
BIRTH NO. CC 10007	CERTIFICA	TE OF DEATH	Registered Na.	66 1U927
M.E. CASE NO.		2. DATE AN	D HOUR OF CEATH	
Typo or Print) OXLEX MR.	DALE	101	29/66,	4.26 Pm.
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whor	o docoosod livod. If in	stitution; rosidence bofore admissi
FILL MARKE OF US and in branched as impatible			inne Arunde	County
FULL NAME OF (If not in hospital or instituted oddress or location)	tion, give street	C. CITY OR TOWN (If out	side city limits, write	RURAL and give township)
INSTITUTION		Glen Burnie	5.00	52-00
5		D. STREET ADDRESS (II	rurol, give lacotion)	
CHURCH HOME & H	40 SPITAL	1004 ste	Ad trou	NE N.E.
SEX 6. RACE 7. MAR	RIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 F Months; Ooys Hours Min
111	Mannied.	April 21.1899	ost birthdoy)	Willias Coys Hoois Will
A. USUAL OCCUPATION (Give kind of work 10 B. KIN		11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired)  LETTER Carrier U.S	Postal Service	TOWA		Awe.
FATHERS NAME	. Postar Dervice	14. MOTHER'S MAIDEN NAM	A E	Hwec.
W and a sullant				
. Wos Deceosed Ever in U. S. Armod Forces?	11.6 000101		ODSon	ADDRESS
es, no or unknown) (If yes, give wor or dotes of sorv	ico) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	1004	Stewart ane S.E
Yes WW #1	None	Mrs Dorothy	Oxley, Gler	n Burnie, Md.
18. / 3 Y I	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY			4.5	ONSEI AND DEATH
LEADING TO DEATH	(A)C	me put to so	9	6 marles
(This daes not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g.,		9	
injury ar camplication which caused death.)				
ANTECEDENT CAUSES	(B) DUE TO			
DISEASES OR CONDITIONS, if any, gi	iving			
rise la lhe abave causo (A) stating UNDERLYING CONDITION last.	lho (C)	PAGE TOO THE TAX TO TH		
- u				
OTHER SIGNIFICANT CONDITIONS CONTRIBL				
TO THE DEATH BUT NOT RELATED TO OISEASE OR CONDITION CAUSING IT.	) THE			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20 A. AUTOPSY? Pes or No	10 208. IF YES, WERE	FINDINGS CONSIDERED
2 WAS FERTONISED		,	9	is of blank
OP CONTRIBUTING CALLSE OF	21B. PLACE OF INJURY (e.g., i	fice bldg. INJURY OCCUR?	(If in Boltimer	o City, give exect location)
DEATH (notify medical examinar)	etc.)			
21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi			
	Work At Work			
22. I certify that (I) (this haspital) attend			9ta	19
that (1) (we) last saw the deceased alive	an	19and the	at in(my) (aur) api	nian death accurred an the c
and haur and from the causes stated above	ve. (1) (We) (did) (did nat) v	view the bady after death.		
23A SIGNATURE				23B, DATE SIGNED
X/ Chut-	M.D. Att	mod. Director	Stoff Phy s	10-28-60
23 COPHYSICIAN'S		23D. ADDRESS	20	. ~ .
NAMETTYPE &	100	a Versa de	Dry of H	n K. Sall
IK. A.F. SUBO	STEE AVR M.O.	0,000	CA	7,004
4A. BURIAL CREMATION, 124B. DATE 124		EMATORY 124D 14	OCATION IC	ity, town, or county) (State
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	IC. NAME OF CEMETERY OF CR			ity, town, or county) (State
AA. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial Nov 2,1966	IC. NAME OF CEMETERY OF CR		tchie Hgwy,	ity, town, or county) (State Balto, Md 21225 AODRESS

VS 150-REV. 1/1/65

4001 Ritchie Hgwy, Balto, Md

Substitute Valve

to design with a part pools

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LETTER CONTROL

MADE O SITTAH

CHURCH HOME RECEPTED LESS SMAN HORUNG

map Fd Derroll MV 17

Misman Oxford.

Ca. D the dung. " 6 man is

	or Print) George W.	Green		2. DATE AN	ber 23, 196	36   12:15 A.
FU HO	ACE OF DEATH IN BALTIMO  LL NAME OF (If not in h DSPITAL OR address or STITUTION	nospital or institut	ion, give street	4. USUAL RESIDENCE (Where A. STATE B. COUN Maryland	e deceased fived. If TY	institution: residence befare admi
(	90 Hoods No	ursing Ho	me	Baltimore  D. STREET ADDRESS (IF )  4608 Manorden	rural, give lacotian)	10
S EX	ale White	WIDO	RIED, NEVER MARRIED OWED, DIVORCED (specify) ried	March 4, 1887	9. AGE (In years lost birthday) 79 yrs	ff Under 1 Yr. If Under 24 Months Doys Hours M
one d	JSUAL OCCUPATION (Give kind during most of working life, even if t. Asst. Forman	materials.	& O RR	West Virginia	- '	12. CITIZEN OF WHAT COUNTRY?
	ate - George W.	Green		14. MOTHERS MAIDEN NAM Late - Emma	ME	and the second of the second o
5. We	as Deceased Ever in U.S. Am no orunknown) (11 yes, give wor	med Farces? or dates of serv	ce) 1 6. SOCIAL SECURITY NO.	Mrs. Fannie G	reen, 4608	Manordene Rd.
	DISEASE OR CONDITION	DEATH	(A) Me	OF DEATH tastatic Carcinom	a Liver	interval between onset and death 2 months
				rcinoma Urinary Bladder		
h	This does not mean the m neart foilure, osthenio, etc. It njury or complication which ANTECEDENT C	meons the dise caused death.)	ose,	arcinoma Urinary	Bladder	3 years
h in	neort foilure, osthenio, etc. It njury or complication which	meons the disecused death.)  AUSES  S, if any, give (A) stoting	OSE,  (B)  DUE TO	arcinoma Urinary		
h in	neort foilure, osthenio, etc. It njury or complication which  ANTECEDENT C  DISEASES OR CONDITION ise to the above caus- UNDERLYING CONDITION I  OTHER SIGNIFICANT CONDITION THE DEATH BUT NO	meons the disecoused death.) AUSES S, if any, gi e (A) stoting ast. IONS CONTRIBU	OSE,  (B)  DUE TO  ving the (C)			
ATION	neort foilure, osthenio, etc. It niury or complication which ANTECEDENT CONSERSES OR CONDITION ise to the above causun DERLYING CONDITION I	meons the dise caused death.)  AUSES  S, if any, gi e (A) stoting last.  IONS CONTRIBUTE RELATED TO USING IT.	OSE,  (B)  DUE TO  ving the (C)		1] 208. †F YES, WER	
L CERTIFICATION	neort foilure, osthenio, etc. It niury or complication which ANTECEDENT CONSERSES OR CONDITION ise to the above causun DERLYING CONDITION I	meons the dise caused death.)  AUSES  S, if any, gi e (A) stoting ast.  IONS CONTRIBLIT RELATED TO USING IT.  BE CONDITION FOR C	OSE,  (B)  DUE TO  Ving the (C)  UTING THE  OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	) 208. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED
AEDICAL CERTIFICATION	neort foilure, osthenio, etc. It niury or complication which ANTECEDENT CODISEASES OR CONDITION ise to the above causunderlying Condition I other significant condition of the DEATH BUT NO DISEASE OR CONDITION CAUSE OR CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTING CAUSE	meons the dise caused death.)  AUSES  S, if any, gi e (A) stoting ast.  IONS CONTRIBLE  IT RELATED TO USING IT.  BE. CONDITION F AS PERFORMED  LYING  OF 1)	OSE,  (B)  DUE TO  Ving the (C)  ITING THE  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g., hame, larm, factory, street, etc.)  21E. INJURY OCCURRED	20A. AUTOPSY? (Yes or No No No alfice bldg., 21F. HOW DID INJ	20B. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATION  THE CATION  THE CAT	neort foilure, osthenio, etc. It njury or complication which ANTECEDENT C DISEASES OR CONDITION ise to the above causun DERLYING CONDITION I OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CAUSE OF CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CAUS	meons the dise caused death.)  AUSES  S, if any, gi e (A) stoting ast.  IONS CONTRIBUTE RELATED TO USING IT.  BE CONDITION FOR CONTRIBUTE AS PERFORMED  LYING (Year) (Haur)  Ospital) attended eceased alive	OSE,  (B)  DUE TO  Ving the (C)  JTING THE  OR WHICH OPERATION  21B. PLACE OF INJURY (e., thome, larm, factory, street, etc.)  21E. INJURY OCCURRED  While At Nat Wark  ed the deceased fram	20 A. AUTOPSY? (Yes or No No No alfice bldg., INJURY OCCUR?  21 F. HOW DID INJ	OF THE STATE OF TH	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATION  THE COLUMN TO THE CALL CERTIFICATION  THE CALL CERTIFICAT	neort foilure, osthenio, etc. It njury or complication which ANTECEDENT CONSEASES OR CONDITION ise to the above causunderlying CONDITION I OTHER SIGNIFICANT CONDITION THE DEATH BUT NO DISEASE OR CONDITION CAL PALDATE OF OPERATION 19 W 11 A. ACCIDENT WAS UNDERLYING CAUSE DEATH (notify medical examine The Contribution of Contribution (Day) APPROX.)  2. I certify that (I) (this heat (I) (we) last saw the day and haur and fram the causunderly approximately approxi	meons the dise caused death.)  AUSES  S, if any, gi e (A) stoting ast.  IONS CONTRIBUTE RELATED TO USING IT.  BE CONDITION FOR CONTRIBUTE AS PERFORMED  LYING (Year) (Haur)  Ospital) attended eceased alive	OSE,  (B)  DUE TO  Ving the (C)  JTING THE  OR WHICH OPERATION  21 B. PLACE OF INJURY (e., hame, larm, factory, street, etc.)  21 E. INJURY OCCURRED  While At Nat W  an 10/22  e. (I) (We) (did) (did not	20 A. AUTOPSY? (Yes or No NO NO affice bldg., INJURY OCCUR?  21 F. HOW DID INJ  While 19 66 and the strength of the bady after death.  Attending Med. Director 19 10 10 10 10 10 10 10 10 10 10 10 10 10	OF THE STATE OF TH	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact lacation)
MEDICAL CERTIFICATION  THE COLUMN WITH CATION  THE COL	neort foilure, osthenio, etc. It njury or complication which ANTECEDENT C DISEASES OR CONDITION is to the above caus. UNDERLYING CONDITION I I OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CALL THE DEATH OF CAUSE OR CONTRIBUTING CAUSE OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF INJURY APPROX.)  2. I certify that (I) (this heat (I) (we) last saw the dund haur and fram the cause 3A. SIGNATURE  3C. PHYSICIAN'S NAME (Type)	meons the dise caused death.)  AUSES  S, if any, gi e (A) stoting last.  IONS CONTRIBUTED TO USING IT.  PR. CONDITION FOR CONDIT	OSE,  (B)  DUE TO  Ving the (C)  JTING THE  OR WHICH OPERATION  21 B. PLACE OF INJURY (e., hame, larm, factory, street, etc.)  21 E. INJURY OCCURRED  While At Nat W  an 10/22  e. (I) (We) (did) (did not	20A. AUTOPSY? (Yes or No No No No alfice bldg., INJURY OCCUR?  21F. HOW DID INJ  While 19 662 and the ork  Altending Mad. Director 123D. ADDRESS  D. 5550 Baltimore	URY OCCUR?  Staff (my) (aur) approximational 1	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact lacation)  10/23 19 6  pinian death accurred an the 10/24/66

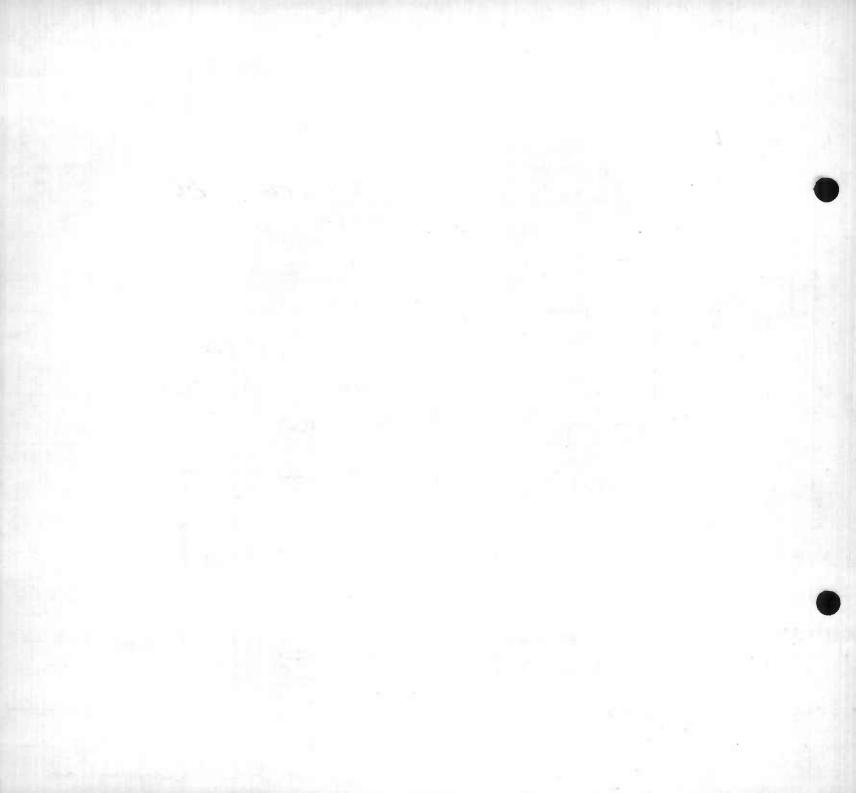


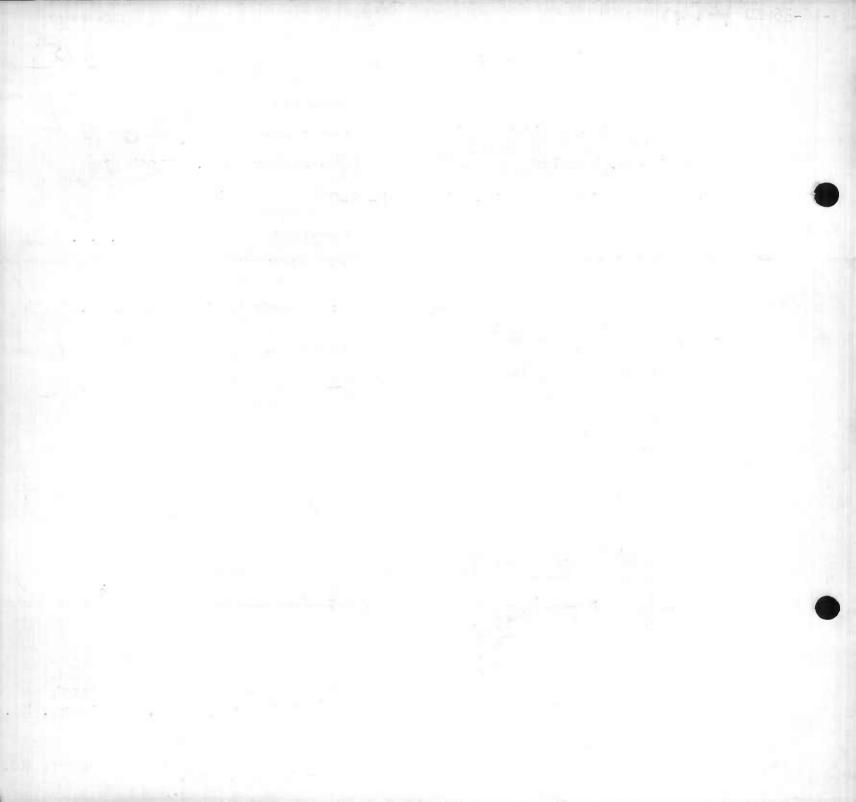
D	30	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be ap the body was released to shows: (1) An accident of a was D.O.A. at a hospital ( deceased prior to death);	written approval mu

	00 31100	DALTIMORE	CIT HEALTH DEPARTMENT	66 10929			
BIRTH NO.	66 1092	CERTIFI	CATE OF DEATH Registered	No. 66 10929			
M.E. CASE NO.			2. DATE AND HOUR OF DE				
(Type or Print)	VERONIC	A RODOWS	KAS OCT. 30, 19	66 1 300 AM			
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceosed lived A, STATE B. COUNTY	. If institution: residence before admission)			
FULL NAME	OF (If not in hospital	or institution, give street	MD.				
HOSPITAL OF	R oddress or location	1)	C. CITY OR TOWN (If outside city limits,				
1143111011014	614 1	ATAPSCO AVE	BALTIMORE	25-04			
00	BALTO.	MN	D. STREET ADDRESS (If rurol, give locotio	,			
00	DITE 10.		614 PATAPSCO	AVE,			
SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (special	B, DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs.			
EMALE	WHITE	WIDOWED	OCT. 3, 1883	3			
		108, KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	of working life, even if retired)  EWIFE	Home.	LITHUANIA	USA			
FATHER'S N	AME	TiOrica	14. MOTHER'S MAIDEN NAME	9.0.11,			
PALL	JUOZAI	TIS	KIINI	GUNDA			
114 L	ed Ever in U. S. Armed For		17. INFORMANT	SUNDA			
s, no or unkno	wn) (If yes, give wor or dote	s of service) SECURITY NO.					
No.		NNK.	C. RODOWSKAS 614	PATAPSCO AVC			
1B. / =	74 V I	CAU	SE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH			
DISE	ASE OR CONDITION DIR	RECTLY	a al alla				
(This description	LEADING TO DEATH	(A)	Ce of when -				
heart failur	e, osthenia, etc. II meons	the diseose,					
injury ar c	omplication which coused						
	ANTECEDENT CAUSES	DUE TO	0				
	OR CONDITIONS, if the obove couse (A)						
	NG CONDITION lost.	sioning the (C)					
	II .						
OTHER SIG	INIFICANT CONDITIONS C	ONTRIBUTING					
DISEASE O	DEATH BUT NOT RELA OR CONDITION CAUSING I						
OTHER SIGNOTHE DISEASE OF TO THE DISEASE OF THE DIS	OF OPERATION 198. CON	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, VIN CERTIFYING	VERE FINDINGS CONSIDERED CAUSES OF DEATH?			
0							
OR CONTRI	DENT WAS UNDERLYING THE	21B, PLACE OF INJURY home, form, foctory, stre	(e.g., in or obout 21C. WHERE DID (II in Bo	Itimore City, give exact location)			
DEATH (not	lify medical examined	etc.)					
21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?				
(APPROX.)			t While Work				
22 1	( ,1 -, /1) /.1 :- 1 :. 1			Bat 39.66			
ZZ. I certi	ty that (I) (this haspital	) ottended the deceosed from	7 3919 66 and that in (my) (our	Oct. 29 1966			
				) opinion deoth occurred on the dat			
		red obove. (I) (We) (did) (did	not) view the body ofter deoth.				
23A. SIGNA		3	/	23B. DATE SIGNED			
7	uglace V	M.D.	Attending Med. Stoff Phys.	10-31-66			
23C. PHYSIC	JANS FUEEN	E SCHNIFZER	23D. ADDRESS 3 904 5, H	ANOVERST.			
NAME	TIPE LOCA /V		M DI				
A. BURIAL C	REMATION, 248. DATE	24C. NAME of CEMETERY	OF CREMATORY 24D. LOCATION	(City, town, or county) (Stote)			
REMOVAL	(Specify)	6 HOLY CROSS	CEM. ANNE ARU				
DUKIH	D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS			
A. DAIL REC				OT EASTERN" AVE			
		R. O. B. E. Faile	W. EALKOWSKI &	ALTO MD. 21231			
/S 150-REV. 1/	1/65		w tinetownski				



1-560	BIRTH NO.	ATE OF DEATH Registered No. 66 10930			
and ath sed the uch	M.E. CASE NO.	ALE OF BEATH			
SOBES	1. NAME OF DECEASED (Type or Print) WILLIAM C. HENRY	2. DATE AND HOUR OF DEATH	Α.		
+ + 0 -	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admissing A, STATE B, COUNTY	ion)		
hospi ise o (5) D ance deat	FULL NAME OF (If not in hospital or instilution, give stree)	MARILAND	1		
	HOSPITAL DR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL old give fownship)  1801 T. M. O. T.  D. STREET ADDRESS (If rurol, give locotion)			
ng cause; attend ior to	8 MD, GENERAL HOSPITAL				
ar april		1927 Wall Brook AVE			
ased is mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years lift Under 1 Yr. If Under 24 I Months Doys Hours Min	Hrs.		
disposition i	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	WHAT COUNTRY?			
0	PRINTER, PRINTING COMPA	MARYLAND USA  WILLIAMOTHERS MAIDEN NAME	_		
-	GEORGE HENRY	UNKWOWN.			
TINGI	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS			
	NO 216-10-060				
0	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH			
E	LEADING TO DEATH	ulmonary Emboli SECONDS			
paln	(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	Euchonary Emboli SECONDS. Eighterne Phierothromsosis			
ешр	injury or complication which caused death.)  ANTECEDENT CAUSES  (B) 151	EIPHERAL PHIEBOTHROMBOSIS			
9	DISEASES OR CONDITIONS, if ony, giving				
remains a	rise to the obave couse (A) stating the (C)				
	II CONTINUES				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ONIC PNEUmonitis Posterior.			
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	,, in or obout 21 C. WHERE DID (If in Bottimore City, give exact location)			
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?			
	OF INJURY	21F. HOW DID INJURY OCCUR?			
	(APPRDX) While At Work Not W	ork 🔲	,		
	22. I certify that (I) (this haspital) attended the deceased from	10/27/66 19 66 10 10/3/ 19 6			
	that (I) (we) lost sow the deceased alive on 10/3/		dot		
	ond hour and from the couses stoted above. (1) (We) (did) (did not	) view the body offer deoth.    238. DATE SIGNED .			
	1 Nina & aw lings M.D.	Altending Med. Stoff Phys. P 10/31/66			
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS			
abbroad	NINA KAWLINGS M.	MD. GENERAL HOSPIJAL			
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	CREMATORY 24D. LOCATION (City, town, or county) (State	e)		
	BURIAL 11-3-66 CARVER 125A. DATE RECO BY HEALTH DEPT. 125B. NAME OF REGISTRAR	125C. FUNERAL DIRECTOR ADDRESS			
	NOV 1 1966 ( O. 6- 8 Falley	57 He of Kolan 13480 Calle o 11			
	VS 150-REV. 1/1/65	ALL A Character to 10 (11 ( mount 21)	_		





B-1600 BALTIMORE CITY HEALTH DEPARTMENT

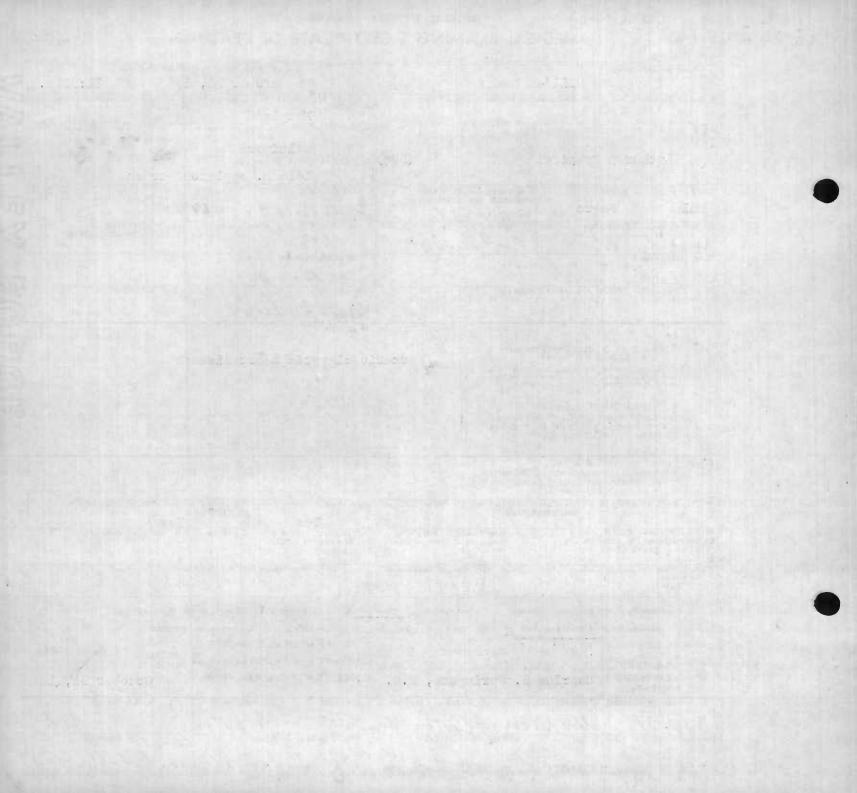
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 10932

DIKIT		MLDI	CAL LAA	WIII ALK O C	LKIIICAI	LOID		
	CASE NO.	EACED				2 DATE AND	HOUR PRONOUNC	ED DEAD
(Туре	or Print)	ABRAI	HAM	BERRY			er 31, 1966	
3. PL/	ACE IN BALT	MORE, MARYLAND, W	HERE PRONOUNC	ED DEAD		NCE(Whore d	ecoosed lived. If inst B. COL	titution: residenco before odmissio UNTY
HOSP	NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTIO	N, GIVE STREET	C. CITY OR TOW		corporate limits, write	o RURAL and give township)
0:	1009 N.	Central Ave	nue		D. STREET ADDR	ESS (If rurol, g	ntral Aver	210
5. SEX		6. RACE	7. MARRIED, NE WIDOWED, DIV		B. DATE OF BIRTH		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Ho Months Days Hours Min.
toA. U		PATION (Give kind of work rorking life, even if retired)	TOB. KIND OF BU	ISINESS OR INDUSTRY	BALT 0	itato or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
13. FA	THEF'S NAM	DA Be	rry		14. MOTHER'S MA	MIDEN NAME		
		EVER IN U.S. ARMED		SOCIAL SECURITY NO.	17. INFORMANT	Rori	-y 274	n. Washington
118		open a plan	011110111	CAUSE	OF DEATH	DCII	1001	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	DISEASES (RISE TO THE UNDERLYIN	osthenio, etc. It meons application which coused NTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST.  II  IIIFICANT CONDITIONS DEATH BUT NOT REIL  CONDITION CAUSING	CONTRIBUTING	(B)				
CERT	A. DATE OF	OPERATION 198, CON WAS PER		ICH OPERATION	20A. AUTOPSY?		OB. IF YES, WERE FIN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
UU	NDERLYING	OR CONTRIB- SE OF DEATH.	21 B. PLA home, f	CE OF INJURY (o.g., orm, foctory, street,	in or obout 21C, W	HERE DID (II	in Boltimore City, gi	ive exact location)
ó	TIME FINJURY APPROX.)	(Month) (Doy) (Yeo		LE AT NOT AT W	WHILE	M DID INJUI	RY OCCUR?	
2	2. I cert	ify that I held an I		. []		thot on this	bosis, death in r	my opinion
	ACTUAL SIGNAT EXAMIN NAME (	URE Charle ER'S Charle Type)	es S. Spr	ingate, M.D	CHIEF ME ASSISTANT ME ASSOCIATE MI	EDICAL EXA	AMINER X	October 31, 1966
REMO	BURIAL CREATER STATE OF THE STA	4 11/3/	66 B1	9LTO, N	9TIONAL	. 55	-	
24A.	DATE RECID	OV 1 1966	Polyet &	Fallen	24C. FUNERA	DIRECTOR	Porke	2/1504 h. Centr

round destrict the Strain 7-16-19 BALTO ME FIDE FITTER HURNESE Hermien BETFY MARTHA BERRY 274 H. Water Fr. 17 Yes delivered sentles BURIAL MISILE BALTO, HATLOUGH SSEE Budwick At Brage & Late Person laterly

## H-S 2 ORTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 10933

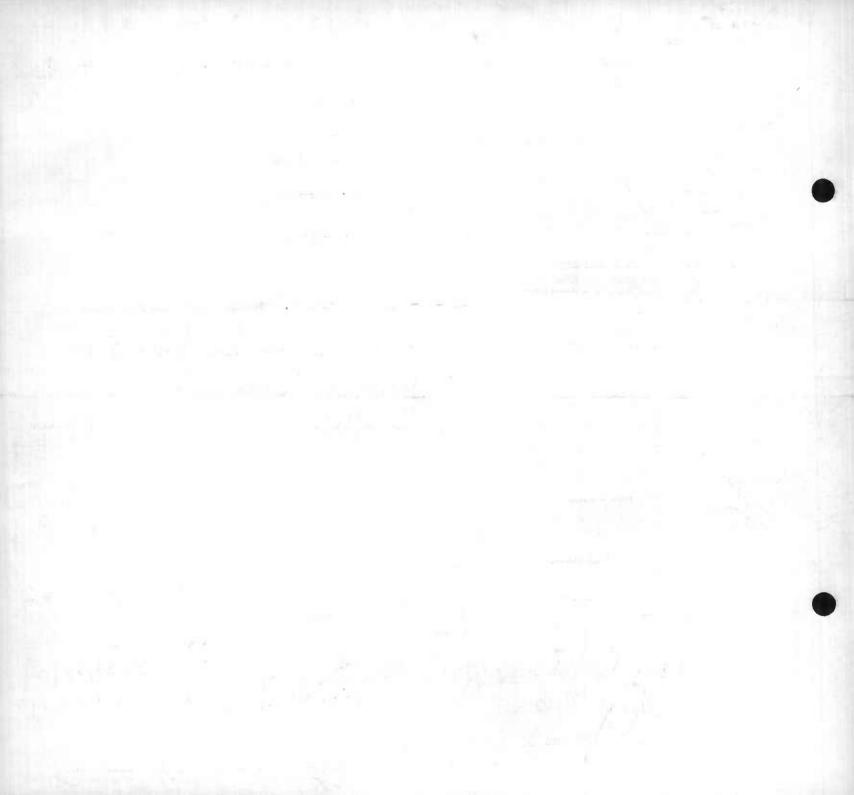
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME DF (IF NDT IN HDSPITAL DR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION)  Lutheran Hospital  Lutheran Hospital  (DOA)  STREET ADDRESS (If rurol, give lacasion)  Location (Dob)  Male  Negro  Ne	Under 24 Hrs.							
William Hanks  October 30, 1966  11:  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME DF (IF NDT IN HDSPITAL DR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION)  Lutheran Hospital  (DOA)  STREET ADDRESS (If rurol, give lacoson)  1614 N. Appleton Street  Maryland  C. CITY OR TOWN (If autside carparate limits, write RURAL and give to Baltimore  D. STREET ADDRESS (If rurol, give lacoson)  1614 N. Appleton Street  Male  Negro  10A. USUAL RESIDENCE (Where deceased lived. If institution: residence befa. COUNTY  Maryland  C. CITY OR TOWN (If autside carparate limits, write RURAL and give to Baltimore  D. STREET ADDRESS (If rurol, give lacoson)  1614 N. Appleton Street  Male  Negro  10A. USUAL OCCUPATION (Give kind of work lost birthday)  Maryland  C. CITY OR TOWN (If autside carparate limits, write RURAL and give to Baltimore  D. STREET ADDRESS (If rurol, give lacoson)  1614 N. Appleton Street  Nonths, Doys, F.  Months, Doys, F.  Maryland  C. CITY OR TOWN (If autside carparate limits, write RURAL and give to Baltimore  D. STREET ADDRESS (If rurol, give lacoson)  1614 N. Appleton Street  Nonths, Doys, F.  Maryland  C. CITY OR TOWN (If autside carparate limits, write RURAL and give to Baltimore  D. STREET ADDRESS (If rurol, give lacoson)  1614 N. Appleton Street  Nonths, Doys, F.  Maryland  C. CITY OR TOWN (If autside carparate limits, write RURAL and give to Baltimore  B. DATE OF BIRTH  19. AGE (In years limits, write RURAL and give to Baltimore  In the Ruryland  C. CITY OR TOWN (If autside carparate limits, write RURAL and give to Baltimore  B. DATE OF BIRTH  19. AGE (In years)  10 A. STATE  Maryland  C. CITY OR TOWN (If autside carparate limits, write RURAL and give to Baltimore  B. DATE OF BIRTH  19. AGE (In years)  10 A. STATE  Maryland  C. CITY OR TOWN (If autside carparate limits, write RURAL and give to Baltimore  B. DATE OF BIRTH  10 A. STATE  Maryland  C. CITY OR TOWN (If autside carparate limits, write RURAL and give to Baltimore  B. DATE OF BIRTH  M. A. STATE  Maryland  C. CITY OR TOWN (If	ore odmission) waship) Under 24 Hrs.							
FULL NAME DF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  Lutheran Hospital  (DOA)  Lutheran Hospital  (DOA)  D. STREET ADDRESS (If rurol, give location)  Lutheran Hospital  (DOA)  D. STREET ADDRESS (If rurol, give location)  1614 N. Appleton Street  Maryland  C. CITY OR TOWN (If autside carparate limits, write RURAL and give to Baltimore  D. STREET ADDRESS (If rurol, give location)  1614 N. Appleton Street  Male  Negro  Months, Doys   Hunder 1 Yr, If Months, Doys	Under 24 Hrs.							
FULL NAME DF (IF NDT IN HDSPITAL DR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  HOSPITAL OR ADDRESS OR LOCATION)  Lutheran Hospital  (DOA)  Lutheran Hospital  (DOA)  STREET ADDRESS (If rurol, give lacasion)  1614 N. Appleton Street  S. SEX 6 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)  Male  Negro  Negro  Married Nicolar 19 18 9 7 69  Months: Doys 19 100. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Meet Packer  13. FATHER'S NAME  Mark Nown  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  Martha Hanks  Same  Noter 19 100.  Martha Hanks  Same  INTERVA	Under 24 Hrs.							
Lutheran Hospital  (DOA)  D. STREET ADDRESS (If rurol, give lacasion)  1614 N. Appleton Street  5. SEX 6. RACE	lours Min.							
5. SEX 6. RACE Negro Never Married Negro Never Married Negro Negro Not birthdow Norths Doys 1 10. Usual Occupation (Give kind of work 108. Kind of Business or Industry 11. Birthplace (State or foreign country)  Meat Packer  13. Father's Name  14. Mother's Maiden Name  Un Known  15. Was deceased ever in u.s. armed forces? (Yes, no or unknown) (Iff yes, give wor or dotes of service)  18. Cause Of Death  16. Nagro Name  19. Age (in years If Under 1 Yr. Iff Months Doys Industry In Sirthplace (State or foreign country)  12. Citizen of What Country  What Country  15. Was deceased ever in u.s. armed forces? (Yes, no or unknown) (Iff yes, give wor or dotes of service)  16. Social Security No.  17. Informant Hanks  Same  Cause Of Death	lours Min.							
5. SEX 6. RACE Negro 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH Sept. 19. 1897 9. AGE (In years Doys of Months, Doys of Months	lours Min.							
Male  Negro  Married  Married  Married  Married  Months: Doys   Factor    Married  Married  Months: Doys   Factor    Married  Months: Doys   Factor    Months: Doys   Facto	lours Min.							
done during most of working life, even if retired)  Meat Packer  13. FATHER'S NAME  UN KNOWM  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknawn), (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  Same  CAUSE OF DEATH  INTERVA	TRY?							
13. FATHER'S NAME  UNKNOWN  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknawn) (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  SQ IN COUSE OF DEATH  INTERVA								
Un Known  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no arunknawn) (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  Martha Hanks  Sam  INTERVA								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no arunknawn) (If yes, give wor or doles af service)  16. SOCIAL SECURITY NO.  17. INFORMANT  Martha Hanks  Same  INTERVA								
(Yes, no grunknawn) (If yes, give wor or doles of service)  SECURITY NO.  Martha Hanks  Sam  INTERVA								
18. // CAUSE OF DEATH INTERVA	e							
LONSET	AL BETWEEN							
LEADING TO DEATH  (This does not mean the made of dying, e.g., heort failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (G)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERATION 20A. AUTOPSY? (Yes o								
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?  Yes  Yes								
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exoct locotian) hame, farm, factory, street, office bldg. INJURY OCCUR? etc.)  21D TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?								
OF INJURY (APPROX.)  WHILE AT NOT WHILE TO NOT WHILE TO NOT WHILE TO NOT WORK								
22.   Certify that I held an Inquiry   Inspection   Autapsy   Autapsy   and that an this basis, death in my opinion resulted fram: Natural causes   Accident   Suicide   Hamicide   Undetermined manner   CHIEF MEDICAL EXAMINER								
SIGNATURE Charle J. M.D. ASSISTANT MEDICAL EXAMINER X	SIGNED							
EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER October 3	1, 1966							
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county)  BUNIAL Specify Nov. 3, 1966 Arbutus Mem. PK.  24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR 1011-13 ADDRESS	(Stote) Md.							
Sallison Funeral Home - N. Arling	1 1							



VS 151-REV. 1/1/65

A STATE OF THE PARTY OF THE PAR monther w. Ballomere Sinai Hespital 243+ K. (46) Special Ame white College State Control DIA 10,30,16

BIRTH	NO.	66 10933	)		TE OF DEATH	Registered No.	gg 10935	
M.E.	CERTIFICATE OF DEATH  Regisfered No.  CERTIFICATE OF DEATH  Regisfered No.  CERTIFICATE OF DEATH  12, DATE AND HOUR OF DEATH							
	or Print)	Oscar Suter	Benso	n	October 27, 1966 4 Q			
3. PL	PLACE OF DEATH IN BALTIMORE, MARYLAND				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissi			
HC	ULL NAME OF (If not in hospital or institution, give street OSPITAL OR oddress or location)				Maryland C. CITY OR TOWN (If a		Balto &	
IN:	NOITUTITE				12 00			
9	Anderson Nursing Home				D. STREET ADDRESS (If rurol, give location)			
/					506 Murdock Road			
5. SE	3 MIDO			D, NEVER MARRIED  ED, DIVORCED (specify)  Led	Mare 21,1883  9. AGE (In yeors lost bighdoy) 83		If Under 1 Yi. If Under 24 H Months Doys Hours Min	
done		JPATION (Give kind of work working life, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?	
	ATHERS NAM	ΛE			Maryland 14. MOTHER'S MAIDEN N.	AME	ODA	
,T	ohn The	omas Benson						
15. W	as Deceased	Ever in U. S. Armed Four	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
(Yes,	no or unknown	(If yes, give wor or dote	of service	SECURITY NO.				
		Diameter 1		214-38-6419	Charles T. Be	nson 1628 ]	Ingram Road	
1	B. 42	0,01		CAUSE O	F DEATH	Λ Λ	INTERVAL BETWEEN ONSET AND DEATH	
	DISEAS	SE OR CONDITION DIR	ECTLY	X	1. 00 6.	Oliver the	1 51	
(	(This does not mean the made of dying, e.g.,  (This does not mean the made of dying, e.g.,  DUE TO							
1	heort foilure, asthenia, etc. II means the disease,							
1	ANTECEDENT CAUSES  (B) Thurst Sunt desired  (B) Thurst Sunt desired							
				DUETO	· · · · · · · · · · · · · · · · · · ·			
		OR CONDITIONS, if a base couse (A)			selecia		a. Tylais	
1	UNDERLYING CONDITION last.				1		1	
2	OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
			DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)				n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	((f in Boltimo	re City, give exoct locotion)	
0 2	ID. TIME	(Month) (Doy) (Year)	(Hour) 2	E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?		
>	OF INJURY		Vhile At Not While	e				
	Work				Work L			
2	2. I certify	that (1) (this hospital	ottended	the deceased from	1735	19 to O	1996	
t	hpt (I) (wo)	-lost saw the decease	d olive on	2509	19 6 and	that in (my) (q <del>ue)</del> op	inian death occurred on the	
0	and hour and from the causes stated above. (1) (We)(did) (did not) view the body ofter death.							
2	23A. SIGNATURE							
M.D. Allending Med. Stoff Phys. Director Phys.							10/28/11	
2	23C.PHYSICIAN'S NAME (Type)							
	NAME	yper Wille	11.00	2/ M.D.	100156/2	.OF 6/t	turno Wel ala	
24A.	BURIAL CRE	MATION, 248. DATE	24C.	NAME of CEMETERY OF CRI		LOCATION (	City, lown, or county) (Slote	
71-	REMOVAL (		(			D-344		
25 A	CEMATIO		66 GI	cenmount Crema	tory	Baltimore,	Maryland	
23M.	THE NEC L	1966 ALTH D	0.0	8-9 F.D	25C. FUNERAL DIRECTO Burges Funer	ral Home 36	31 Falls Road	
110	0 8814 7 (7 )		Torse	NO NOW WANTED	7 0 000	01/2/10	LA HAMA	
A 2 12	50-REV. 1/1/	0.0		1.0	0	~ way		



DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

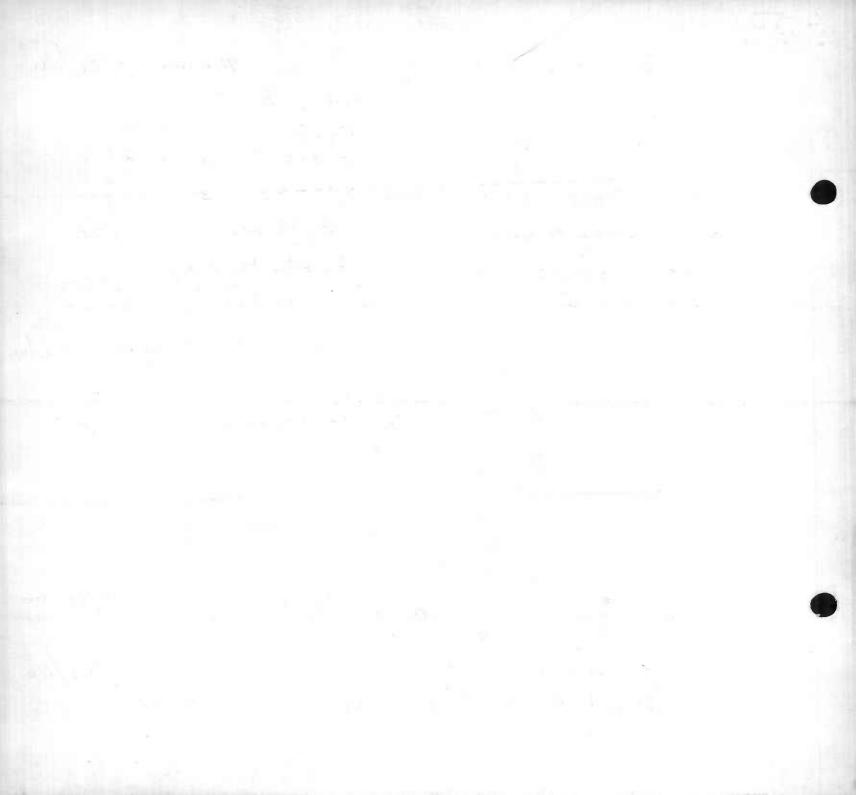
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IMPORTANT

DIRECTOR:

FUNERAL





1	66 10939 BALTIMORE CITY HEALTH DEPARTMENT 66 10939
W-436	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No
	1. NAME OF DECEASED KENNETI+ MALTERS 2. DATE AND HOUR PRONOUNCED DEAD S: 20 PM
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lifed. If institution: residence before odnission)  A. STATE  Natyland
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Refull NAME OF HOSPITAL OR INSTITUTION, GIVE STREET  ADDRESS OR LOCATION)
	33 Johns Hopkins Hosp. D. STREET ADDRESS (If rutol, give locotion) 647 N. Kenwood Avenue
	5. SEX Nale 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Divorced 12/3/14  8. Date Of BIRTH 9. AGE (in yeors lost birthdoy) Months, Doys Hours, Min.
	to A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Mone during most of working life, even if retired)  Mt. Wilson  Maintenance Dept. St. Hosp.  Baltimore, Md.
	Marion Walters Genevieve Lynch
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO. 215-00-8548 Mary Vogel, dght. above
	18. 4 2 1 I CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH  (This does not mean the mode of dying e.g., heart folium, etc., it means the disease, heart folium, etc., it means the disease,
	ANTECENDENT CAUSES  ANTECENDENT CAUSES  (B)  (B)  (B)  (B)  (B)
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE
	DISEASE OR CONDITION CAUSING IT.    19A, DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?
	21A, EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB-  21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Boltimore City, give exact location) home, lam, foctory, street, alfice bldg., INJURY OCCUR?
	TE   21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
•	CAPPROX.)   WHILE AT   NOT WHILE
	resulted from: Natural causes Accident Suicide Hamicide Undetermined manner
	SIGNATURE WELL SIGNED M.D. ASSISTANT MEDICAL EXAMINER &
	EXAMINER'S NAME (Type)  Werner U. Spitz, M. D.  ASSOCIATE MEDICAL EXAMINER  D.  23A. BURIAL CREMATION, 23B. DATE  23C. NAME of CEMETERY or CREMATORY  23D. LOCATION  (City, town, or county)  (Stote)
	REMOVAL (Specily)  Burial 10/31/66 Holy Redeemer Cem. Baltimore, Md.
	NOV 1 1966 Colub E. Farbuna 245 Funeral Home, Appress 2601 E. Madison St.
	VS 151-REV. 1/1/65

AFTERNA HTSHNEY J. C. Car Inna Francis Bakkinger Johns Hopkins Hosp ELT N. Henrycol Avenue Miletiese le pe les (iv) in confice Historica-Pulmencey Emplysema 14 29 EC e time . region

UTING CAUSE OF DEATH. 21 D TIME 21 E. INJURY OCCURRED (Month) (Doy) 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE (APPROX.) Inspection I certify that I held an Inquiry Autopsy X and that an this basis, death in my opinian

resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED

ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE. ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) Werner U. Spitz, M. D.

10. 29. 66

23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) REASOVAL ASpecify JALT U/ PATIONAL 24A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR

MERRITAL 325 D 2 Miller Still while may from Postlemenic U.S. Public the Mit Severa 738 N. Feeller avenu APRIC 76-1925 41 Wyomine 210 SHOE MAKER DEPT STORE Havenon Ум ини Т 2134-964 Простама динети Lobar Phenmenia Fatty alleration of Liver 10. 29. 66 Burne 11/3/66 Flace a Mariana Course D Marchan & Strong 63 8 police of the

BALTIMORE CITY HEALTH DEPARTMENT



hospital

death

IMPORTANT

DIRECTOR: examiner

FUNERAL

chief medical

approved

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH . 30 Am. 4. USUAL RESIDENCE (Where deceosed lived. If institution: lesidence belore odmission)
A. STAJE B. COUNTY

If Under 24 Hrs.

Hours

home & ho.

INTERVAL BETWEEN

ONSET AND DEATH

27.667

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WHAT COUNTRY?

ADDRESS

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VS 150-REV, 1/1/65

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VS 150-REV. 1/1/65



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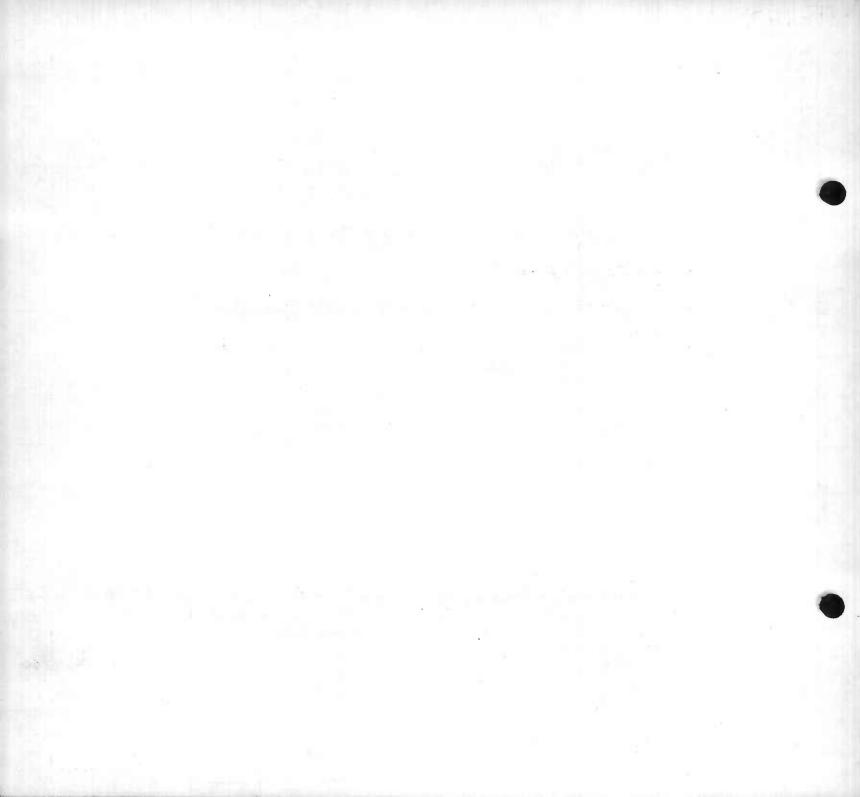
		66 1094	7		HEALTH DEPARTMENT		66 10947		
M.E.	CASE NO.		•	CERTIFICA	TE OF DEATH				
(Type	AME OF DEC					AND HOUR OF DEAT	H lale of m		
3. P	Reinhold, Kaminsky				10/30/66   4:45 p				
	ULL NAME OF (If not in hospital or instilution, give street oddress or location) NSTITUTION  B olton Hill Nursing Center				A. STATE B. CC	NUNTY			
H					Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location)				
11									
Ţ									
-					Lafayette Ave. & John Street Roc				
5. \$1	EX 6. RACE 7. MARK			D, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)		If Under 1 Yr. If Under 24 H Months: Doys Hours Min.		
Ma	ale	White	Wido		2/17/1889	77			
		UPATION (Give kind of work)			11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?		
gone	during most of working life, even if retired)			TAMPANT	Germany		U-S.A.		
13. F	ATHER'S NA	ME	1100/	747 7	14. MOTHER'S MAIDEN NAME				
	TA	ard Kaminsky			11. W	nown			
15. V	Was Decease	d Ever in U. S. Armed Forces (If yes, give wor or dotes	es?	1 6. SOCIAL	17. INFORMANT	7,000	ADDRESS		
,1 es,	No	NONE	of service	219-01-6306	3-17.4	LL NURSING	O- to- Phase		
-	18.42	70070		CAUSE O	F DEATH	CL MARSIN 9	INTERVAL BETWEEN		
		SE OR CONDITION DIR	CTLY		C MI		ONSET AND DEATH		
	51327	LEADING TO DEATH		Acui	e Coronary Th	rombosis	Immediate		
	(This does								
	heart failure, asthenia, etc. If means the disease, injury ar camplication which coused death.)								
		ANTECEDENT CAUSES		DUE TO		*************************************	000000000000000000000000000000000000000		
	DISEASES OR CONDITIONS, if any, giving								
	rise to the obove cause (A) stoting the (C) UNDERLYING CONDITION lost.						00000000000000000000000000000000000000		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE NOTE								
	DISEASE OF	CONDITION CAUSING IT			20A. AUTOPSY? (Yes o	. No. 100 as yes wee	F FINDINGS CONSIDERED		
CERTIFIC	DAL DATE O	F OPERATION 198. CONE		WHICH OPERATION	NO NO	IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?		
	21A. ACCIDI	ENT WAS UNDERLYING	21	B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DI		ore City, give exact location)		
		TUTING CAUSE OF Y medical examiner	ho	me, form, foctory, street, o	ffice bldg., INJURY OCCUI	1?			
U	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?								
MEI		(Wolling (Doy) (Febr		hile At Not Whil		INJURY OCCUR.			
	(APPROX.)		W	ork At Work					
	22. I certify that (12 (this haspital) attended the deceased from May 17, 1966 to October 30 1966								
	that XXX(we) last saw the deceased alive an October 30 19.66 and that in (my) 700% apinian death accurred an the d								
	and haur and fram the causes stated abave. (1) (Ne) (did not) view the bady after death.								
	23A. SIGNAT	URE OF A	-1 1				23B, DATE SIGNED		
	Hanley Felsewally M.D. Attending Med. Stoff Phys. 10/30/66								
	23C, PHYSICIAN'S								
	Stan	ley Z. Felsenb	erg (	) M.D.	1129 E. Balt	imore St. Ba	ltimore 2, Md.		
24A	BURIAL CR	EMATION, 24B. DATE	24C. N	NAME of CEMETERY or CR	EMATORY 241	D. LOCATION	(City, town, or county) (State		
4	REMOVAL	(Specify)	/	1.1. 3	not !	BAIT	- 411		
25A	DATE REC'I	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIREC	BALTIMORE	ADDRESS		
		VOV 1 1966	12.0 B	E Fallena	680. L. Ser	WAS KUNETI	of the Di		
	150-REV. 1/1	***	TO CAN	4 -4 -4 -4 / 10	" Mancio"	MILLER 210	of measure une		

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Fidual Definite

VS 150-REV. 1/1/65

	10011	BALTIMORE CITY HEALTH DEPARTMENT				
BIRTH NO. M.E. CASE NO.	66 10948	CERTIFICA	TE OF DEATH		66 10948	
T. NAME OF DECEA	stos To		Octo	Ber 30,196	6 6:30 P.	
PLACE OF DEATH	H IN BALTIMORE, MARYLAN	ID	4. USUAL RESIDENCE (When		ution: residence before odmissio	
FULL NAME OF	(If not in hospital or ins	titution, give street	maruland			
HOSPITAL OR	oddress or focotion)		C. CITY OR TOWN (If out	side city limits, write RUR	AL ond give township)	
7			Beltino	re_	-0-05	
) [i	VI Pa	Horrand	D. STREET ADDRESS (IF	rurol, give location)	1.0	
TIVA	ncin Squa	Nr 1081091	4004 Hrs		e,	
. SEX 6.	RACE	ARRIED, NEVER MARRIED  IDOWED, DIVORCED (specify)		9. AGE (In yeors If M	Under 1 Yr. If Under 24 H onths Days Hours Min.	
M	W	married	12-25-10	87		
	ATION (Give kind of work 10B, I rking life, even if retired)	CIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or forei	gn country!	2. CITIZEN OF WHAT COUNTRY?	
Self	- Osnip. F	God Dispensing	Asia Mir	W Turkey	W-5.A	
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	ME		
Son	IES TODAL	TOAS	Sophia?	V		
5. Was Deceased En	ver in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS	
	If yes, give wor or dotes of s	215-32-020	H. Cost 1	plast		
NO 18.	NONE	CAUSE (	DE DEATH	Crucyy	INTERVAL BETWEEN	
7 6	OR CONDITION DIRECTL	v		/	ONICET AND DEATH	
1	EADING TO DEATH	in Ve	mtricular.	tibrillat	tis	
	meon the mode of dying	g, e.g., DUE TO	utricular, eterioschert	**************************************		
	sthenio, etc. It meons the d licotion which coused deoth	1.)	of	- cardia	ascula, disea	
AN	TECEDENT CAUSES	(B)	e cessos conso		ascua.	
DISEASES OR	CONDITIONS, if ony,					
	obove couse (A) statis	ng Ihe (C)	MARKA 99M H G G G H H H H G H G G G G G G H H G G G G H H G H			
ONDEREITING	CONDITION 10SI.					
OTHER SIGNIFIC	II CANT CONDITIONS CONT	RIBUTING	e 1 - 11			
E TO THE DEA	ATH BUT NOT RELATED ONDITION CAUSING IT.	TO THE CONG	estive De	and tack	ne	
U 19A. DATE OF C	PERATION 198. CONDITIO	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No		DINGS CONSIDERED	
ALL O	WAS PERFORM	ED		IN CERTIFYING CAUSE	S OF DEATH?	
21A. ACCIDENT	WAS UNDERLYING D		in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore Ci	ty, give exact location)	
DEATH (notify m	redical examiner)	etc.)	omee siags, invoki occok.			
21D. TIME (	Month) (Doy) (Year) (Ho	ur 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
OF INJURY		While At Not Wh				
		Work Al Work		11 100	4 3-11	
		ended the deceased from		1966 to WC	30 19 6 K	
		ve on (OCT - 30		ot in (my) (our) opinio	n deoth occurred on the d	
and hour and f	from the couses stated o	bove. (1) (We) (did) (did not)	view the body after death.			
23A. SIGNATURE	100				B. DATE SIGNED	
15	see	M.D. A	ys. Med. Director	Stoff Phys.	Oct. 30, 196	
23C. PHYSICIAN			23D. ADDRESS		17 - 11	
NAME (Typ	- ALONSO	M.D	Franklin	Square	Hospital	
24A. BURIAL CREM.		24C, NAME of CEMETERY OF C	REMATORY 24D. L	OCADON (City,	lown, or county) (Stote)	
REMOVAL (Spe	1		1	(	2+ 111	
25A. DATE REC'D	THEATH DE 66 (128.	GREEK CAT	hodox B	ALT. MORE	My Ma	
UA. DATE RECUIF	ALTERNATION OF SELECTION OF SEL	HAMP OF REGISTRAR	25C FUNDING DIRECTOR	H. Magles a	ADDRESS (	
	Au	7 0 0 0	3 Kg & Oak	vas 2101	V received an	
/S 150-REV. 1/1/65			1.100			



Registered Na.

If Under 24 Hrs.

INTERVAL BETWEEN

ONSET AND DEATH

CERTIFICATE OF DEATH

10949

BIRTH NO.

M.E. CASE NO.

V\$ 150-REV. 1/1/65

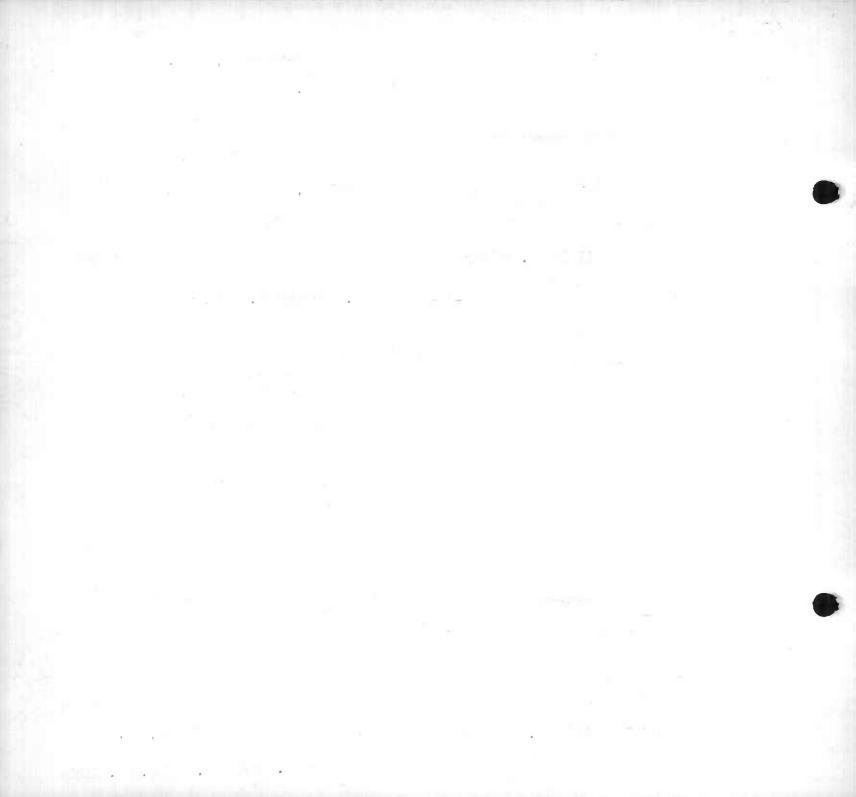
IMPORTANT FUNERAL DIRECTOR:



IMPORTANT

FUNERAL DIRECTOR:





			BALTIMORE CITY	HEALTH DEPARTMENT		66 10952	
IRTH NO.	66 1095	2	CERTIFICA	TE OF DEATH	Registered Na.	00 10305	
NAME OF DE				2. DATE AN	ND HOUR OF DEATH		
Type or Print)	HELEN L	REIBE	ETANZ	Oct.	30, 1966	8 P.N	
PLACE OF D	LACE OF DEATH IN BALTIMORE, MARYLAND				re deceased lived. If in	nstitution: residence before admission	
FULL NAME	OF (If not in hospital		ave about	Maryland	• • • • • • • • • • • • • • • • • • • •		
HOSPITAL OF			give street		tside city limits, write	RURAL and give township)	
) 1143111011014	3109 North	iern Pai	rkway	Baltimore			
,					rurol, give location)	, , , ,	
				3109 Northern			
female	6. RACE white	WILDOWE		Nov. 24, 1883	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.	
	CUPATION (Give kind of work of working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?	
housewi	fe					USA	
3. FATHER'S NA				14. MOTHER'S MAIDEN NA	ME		
Ernes	st Voelker			Matilda Col	lenberg		
. Wos Deceos	ed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
no	yes, give wor or dole	2 OI SCIVICE)	SECURITY NO.	Ernest H. Re	ibetens - 3	109 Northern Parkw	
18.	0011		CAUSE O			INTERVAL BETWEEN	
DISE	ASE OR CONDITION DI	ECTLY		1 2 1 2		ONSET AND DEATH	
	LEADING TO DEATH		(A)	ASCUD		(O years	
	not mean the mode of e, asthenia, etc. It means		DUE TO				
	omplication which caused			Grand Maria	la Trainella	our 10 years	
	ANTECEDENT CAUSES		(B)	To vie villezea	andiane	our 1 years	
	SEASES OR CONDITIONS, if any, giving					/	
	The above couse (A) NG CONDITION lost.	slaling lhe	(C)				
	11						
TO THE	ENIFICANT CONDITIONS CODEATH BUT NOT RELADER CONDITION CAUSING 1	TED TO TH					
		DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?	
OR CONTRI	DENT WAS UNDERLYING DEUTING CAUSE OF LIFE CONTROL CAUSE OF LIFE CAUSE OF	218 hom etc.	ne, form, factory, street, of	or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimor	re City, give exoct locotion)	
21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E	. INJURY OCCURRED	21F. HOW DID INJ	JURY OCCUR?		
OF INJURY		Wh	nile At Not While				
22 1	( ,  , (1) (,  , , , , , , , , , , , , , , , , , ,				19 58 to	1 ct 22 ct 19 66	
	fy that (I) (this haspita		the deceased from	nith //		17	
	e) last saw the decease					inian death accurred an the da	
		red abave. (	I) (We) (did) (did nat) v	iew the bady after death.			
23A. SIGNA	DO24 7	4.13	ech M.D. Alle	ending Med. Director	Stoff Phys.	10/31/66	
23C. PHYSIC NAME		Beck	M.D.	6012 Harford	Road. Baltin	more. Md.	
4A. BURIAL C	REMATION, 24B. DATE		AME of CEMETERY of CRE			City, town, or county) (State)	
burial		T.T.	oodlawn		ltimore, Md		
SA. DATE REC	D BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	R Trans	ADDRESS	
	NOV 1 1966	0200	& E. Failed MAR	Leonard J. Ku	ck, inc	5305 Harford Rd.,	
'S 150-REV. 1/	1/65						



BALTIMORE CITY HEALTH DEPARTMENT

66 10953

Il Under 24 His. Hours 12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED

(II in Baltimare City, give exact lacation)

.....and that in (my) (eve) apinian death accurred an the date

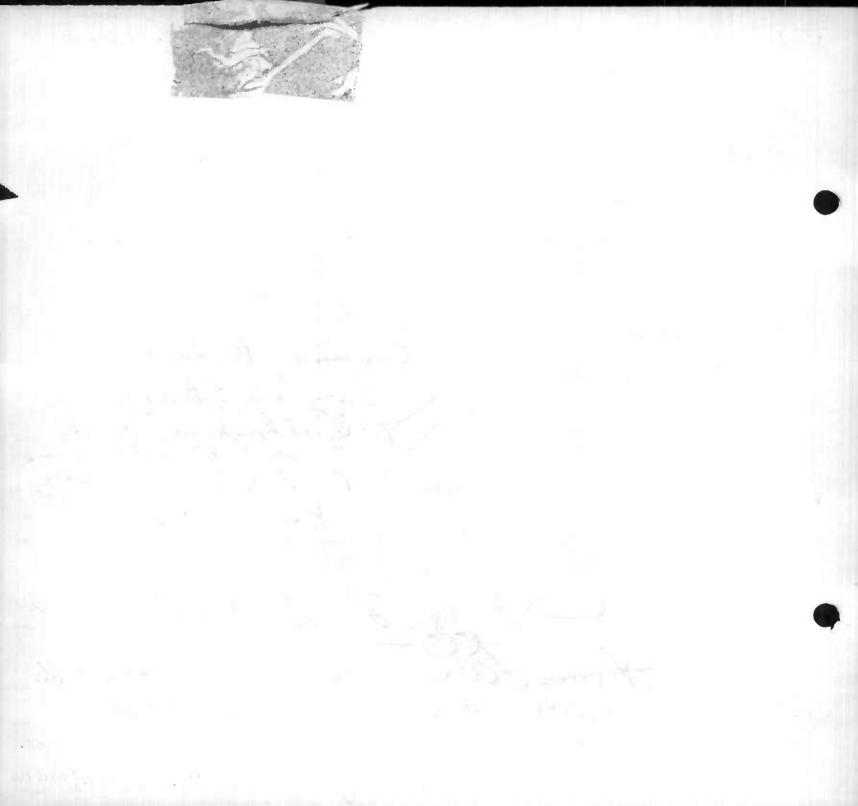
23B, DATE SIGNED

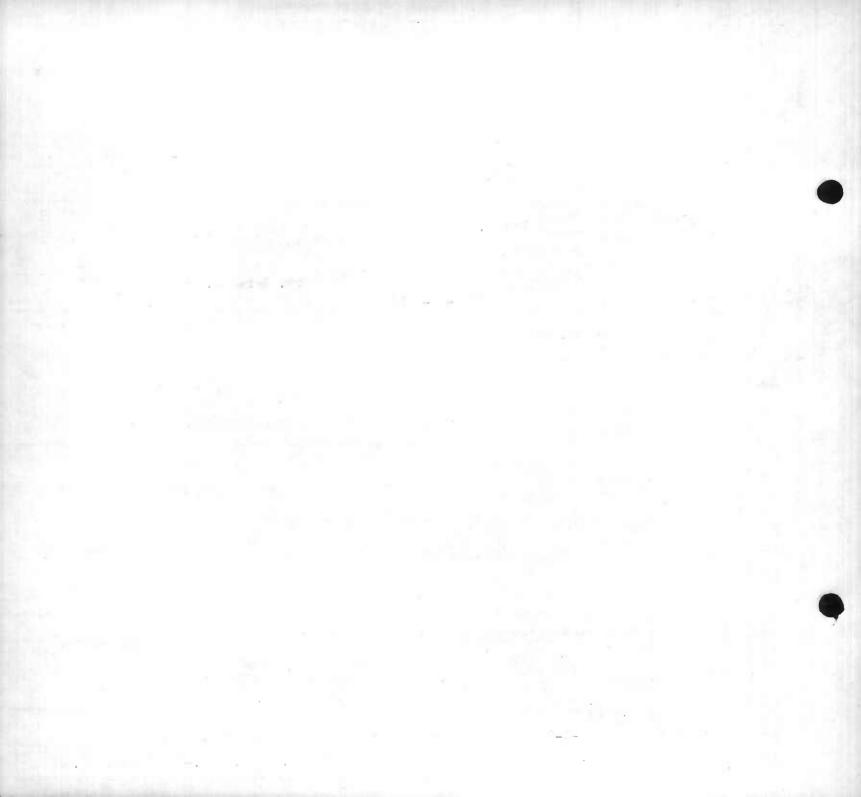
(City, town, or county)

Leonard J. Ruck Inc. Balto. Md. 2121b



	66 10954	BALTIMORE CITY	The state of the s	m m while a	66 100	) 5 A
BIRT	H NO. 00 10304	CERTIFICA	TE OF DEATH	Registered No	00 105	104
	CASE NO.	CLIVIII IC/				
	AME OF DECEASED  o or Print) ROSEMARIE PURB	nend	2. DATE AN	D HOUR OF DEATH	, 47	
	1,022111	.42014	OCT	. 28, 1960		$\mathcal{F}$
3. PI	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before	odmi s s
H	ULL NAME OF ((If not in hospital or institution, give oddress or location)		C. CITY OR TOWN (If out	eido city limite vuito l	RURAL and give township	2)
FIN	US PUBLIC HEALTH SE				,	
1		D. STREET ADDRESS (IF	rural, give facation)	1-03		
V	WYMAN PR. DRIVE & 31ST	51.	D. STREET ADDRESS	GOTH AVE.	•	
5. \$1		DIVORCED (specify)		9. AGE (In years last birthday)	(f Under 1 Yr. If Un Months: Days Hours	der 24 Mir
- 1	CAUCASIAN MARA		MAY 6, 1911	55		
toA.	USUAL OCCUPATION (Give kind of work 108. KIND OF E	SUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF	
	during most all working life, even if retired)		Massa	CTTS	WHAT COUNTRY?	
_	LICATESSEN MANAGER		MASSACHU		USA	
13. F	FATHER'S NAME		14. MOTHERS MAIDEN NA	ME		
	CARMEN GRECO		ELIZABETH	DE HLL AN	DRE	
15 V	Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL	17. INFORMANT		ADDRESS	
(Yes	, no or unknown) (ff yes, give wor or dotes of service)	SECURITY NO.	RECORDS, L	is DUS IL	e P Par	Mn
	No	011-03-247	A RECORDS, L	12 PH2 HO	OF. DALL.	, 10
	18. /6 S Y	CAUSE C	OF DEATH		INTERVAL BET	WEEN
	DISEASE OR CONDITION DIRECTLY		1	400	ONSET AND	DEATH
	LEADING TO DEATH	Ca	renoma 17	the pargh	9	
	(This does not mean the mode of dying, e.g.,	DUE TO				
	heart failure, asthenia, etc. If means the disease,				+	
	injury or complication which coused death.)	\ \	( une no	holins	in month	1
	ANTECEDENT CAUSES	DOE TO				
	DISEASES OR CONDITIONS, if ony, giving		- 00 mal ka	1 male	+ hon to	-
	rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	C. V.	cary of	may man	1 17	C
	DIADERETING CONDITION 1051.		0	711	alisho	-
z	II SONTRALITANO	1	/ n		11 001	1
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Almin 1	on 0 2000 1	em la	week	22
A	DISEASE OR CONDITION CAUSING IT.	11/10 A 11/11	The second of th	- Just and		/
FIG	19A. DATE OF OPERATION 19B. CONDITION FOR WI	HICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING	FINDINGS CONSIDERED USES OF DEATH?	
ERTIFIC	×		190	( le	2	
U	21 A. ACCIDENT WAS UNDERLYING 21B. P	form, foctory, street	in or about 21°C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location	n)
₹	DEATH (notily medical examiner) etc.)	,,,,				
DIC	21D. TIME (Month) (Day) (Year) (Hour) 21E. I	NJURY OCCURRED	21F. HOW DID INJ	URY OCCUP?		
N N	OF INJURY			uudh		
	(APPROX.) Work	At Work		11 2	011	/
	22. I certify that (1) (this hospital) attended the	degeased from	20 Jest	19 60 to d	0 00	19 0
	that (I) (we) lost sow the deceased alive on		Tr 19 66 and th	at in(my)(my)	nion death occurred o	
				GI III(III)/(COUT) 0011	mon death occurred (	on rne
	and haur and from the causes stated abover	(Mel (qiq) (qiq at)	view the body ofter death.			
I L					23B. DATE SIGNED	11
I L	23A. SIGNATURE	11			20/57	
I L	23A. SIGNATURE		Med. Director	Stoff Phys.	30 CCT	66
	23A. SIGNATURE  23C. PHYSICIAN'S	M.D. Att		Stoff Phys.	3000	66
	Homas Al	Ph.	ys. Director		los a	66
	23C. PHYSICIAN'S NAME (Type) THOMAS L		ys. Director		lasa	66
	23C. PHYSICIAN'S NAME (Type) HOMAS  BURIAL CREMATION,  24B, DATE   24C, NAME	Ph.	23D. ADDRESS BALT P	HS H	ty, town, or county)	Av
	23C. PHYSICIAN'S NAME (Type) HOVAS  BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 11/2/66	ALL M.D.	23D. ADDRESS BALT: P	Phys. L	ty, town, or county)	(Stote Mas
24A	23C. PHYSICIAN'S NAME (Type) HOMAS  BURIAL CREMATION,  24B, DATE   24C, NAME	AU M.D.  ME of CEMETERY of CR  poly (ross	23D. ADDRESS BALT: P	Phys. Hocation (Ci	ty, town, or county)	Mas



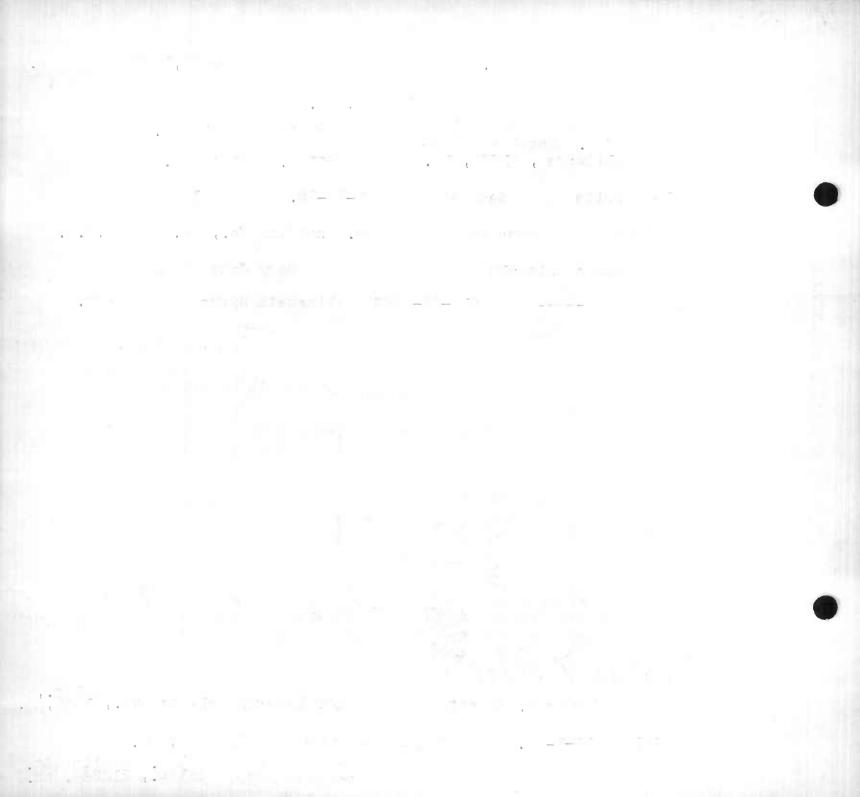


IMPORTANT

DIRECTOR:

FUNERAL

. . 20/12/4 /65/21



		BALTIMORE CIT	TY HEALTH DEPARTMENT	00 40000
M.E. CASE NO.	66 10958	CERTIFICA	ATE OF DEATH Registered No.	
1. NAME OF DEC	W 1 I	bert Parker Knal	2. DATE AND HOUR OF DEATH	30
(Type of Fill)	NABLE 1	WIL BERT	10/27/66	12 PN
	ATH IN BALTIMORE MAI		4. USUAL RESIDENCE (Where deceased lived, If i	nstitution: residence before admission
FULL NAME OF HOSPITAL OR	(If not in hospital a	ar institution, give street	BALTIMORE MARYLANI C. CITY OR TOWN (II outside city limits, write	RURAC and nive township)
BON SE	COURS HOSPI		BALTIMORE, MARYLANI D. STREET ADDRESS (If rurol, give location)	
BALTIME	U. FAYETTE	ST. AND 21223	2565 FREDERICK A	. 1
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
MALE		SINGLE	July 12,1896 2 70  RY 11. BIRTHPLACE (Stote or foreign country)	
	working lile, even if retired)	IOB. KIND OF BUSINESS OR INDUSTI		12. CITIZEN OF WHAT COUNTRY?
farmer	r ·	farm	Fulton Co., Penna.	
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAME	
	William ?	T. Knable	Mary Gordon	
15. Was Deceased	Ever in U. S. Armed Ford		17. INFORMANT	ADDRESS
no	yes, give war or one.	s of service) security Nd. 218-30-853	2 Boyd Knable, Maugans	ville, Md.
18. 4	211	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIR	ECTLY		
(This does a	LEADING TO DEATH	(A) Co	ardio Vascular Dises	ese :
heart foilure,	not meen the mode of osthenio, etc. It meens	the diseose,		
injury or con	aplication which coused			1 1 10
	ANTECEDENT CAUSES	DUE TO		
	OR CONDITIONS, if	ony, giving		
	e obove couse (A) G CONDITION lost.	sloling the (C)	**************************************	
OTHER SIGNI	II  FICANT CONDITIONS CONTROL  EATH BUT NOT RELA  CONDITION CAUSING II	ONTRIBUTING MENTAL	Retardation. In Springfie	les State Hospitas
19A. DATE OF	OPERATION 198. CON	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDE	NT WAS UNDERLYING			re City, give exact location!
OR CONTRIBL	JTING CAUSE OF		office bldg., INJURY OCCUR?	te only, give exoct loconom
0 21D. TIME	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY		While At Work Not Work At Work		
22. I certify	that (1) (this haspital	) attended the deceased from	02:27, 1966 10 00	1. 47. 1966
that (1) (wa)	last saw the decease	delivers Oct 27	19 6 and that in (my) (aur) op	17.9.2
				inian death occurred an the day
		ed obave. (1) (We) (did) (did nat)	view the body after deoth.	
23A. SIGNATU	IKE	2	Market and St. II.	238, DATE SIGNED
tre	ente M. C	celen. M.D. Pi	hys. Med. Sloff Phys.	Ot. 28, 1966
PHYSICIA NAME (T	N'S ype)	0	23D. ADDRESS	C-/
FRA	NIC N.C	BGOEN, M.C	270/ N. Calvert	37'
24A. BURIAL CRE REMOVAL		24C. NAME of CEMETERY or C	REMATORY 24D, LOCATION (C	ity, town, or countyl (State)
buria]		-66 Union Cemete		
ZOA. DATE REC D		0 7 0	25C. FUNERAL DIRECTOR	ADDRESS
	40V 1 1966	Of Law of E Mausen man	3 Mannich Funkan	1 Hageeslow
VS 150-REV. 1/1/	60		Humo D.	1006

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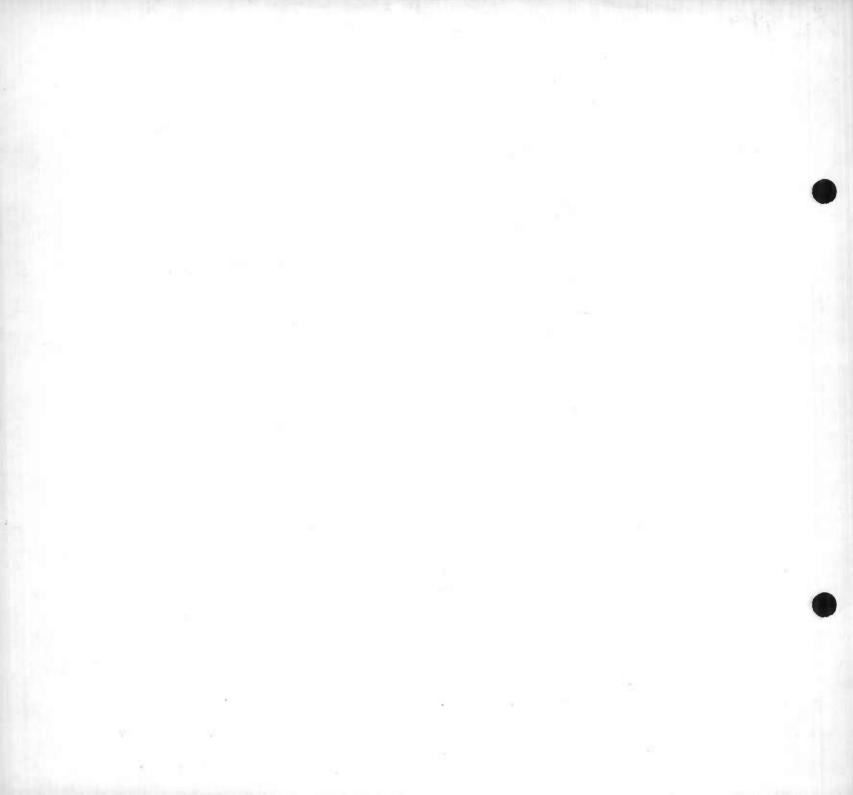
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- 10.00

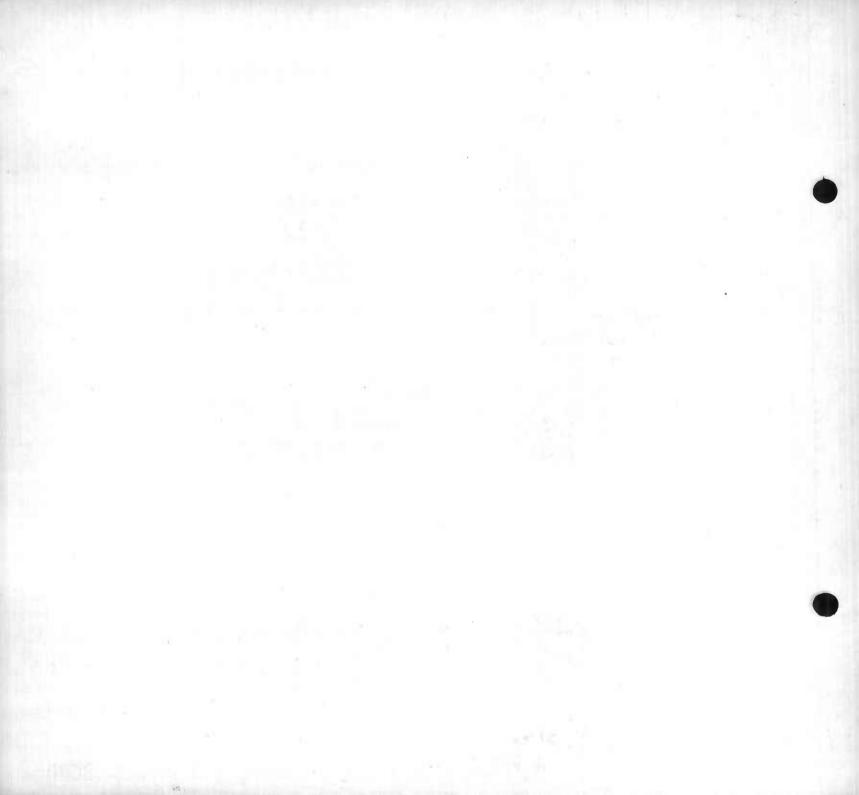
and so different parameters of the sound force. The set so his

66-23270,0050	BALTIMORE CITY	HEALTH DEPARTMENT	CC 10050
BIRTH NO.	CERTIFICA	TE OF DEATH Register	red No. 00 10333
M.E. CASE NO.		2. DATE AND HOUR OF	DEATH
Type or Print) Reed, Baby (	boy	10/30/6	6 12:30 AM
PLACE OF DEATH IN BALTIMORE, MARYLAND	1	4. USUAL RESIDENCE (Where deceased li	
	4.	Maryland	
FULL NAME OF (If not in hospital or institute oddress or location)	fion, grve street	C. CITY OR TOWN (If outside city limit	s, write MACAL and give township)
INSTITUTION		Balti more	12-02
T		D. STREET ADDRESS (If rurol, give loc	otion)
Johns Hopkins Hospita	1-CMSC-PN	2329 Linden Au	ienue
SEX 6. RACE 7. MAI	RIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In y	eors If Under 1 Yr. , If Under 24 Hrs.
M C. WID	OWED, DIVORCED (specify)	102 / 20 / last birthdoy)	Manths Days Haurs Min.
A. USUAL OCCUPATION Give kind of work 108, KIN	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
one during most of working life, even il retired)		~11.1	WHAT COUNTRY?
NB		NHH	454
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
		Boy (Roy) Th	1AOTHA
Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
es, na or unknown) (If yes, give wor or dates af ser	vice) SECURITY NO.		
18.773,5 T	CAUSE	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	11	0 · M. 0	, 0.
(This does not mean the mode of dying,	(A) JOT	paline Manbrare	1) Lease 6 Ms
heort failure, osthenio, etc. 11 meons the dis	eose,	Two birth	
injury or complication which coused death.)		malura	
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if any,			
rise to the obove couse (A) stating UNDERLYING CONDITION last.	the (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING		
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 208. IF YE	S, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED		11.0 C IN CERTIFY	TING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	n or obout 21 G. WHERE DID (If in	Boltimare City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, c	ffice bldg., INJURY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour)		21F. HOW DID INJURY OCCUR	?
(APPROX.)	While At Wark At Wark		
22. 1 certify that (1) (this hospital) atten	ded the deceased from	10/29 1966 10	10/30 1966
	1 1 6	1 1	
that (I) (we) lost sow the deceased alive			aur) apinian death accurred an the dat
ond haur and fram the couses stated obo	ve. (1) (We) (did) (did not)	view the bady after death.	
23A. SIGNATURE			23B, DATE SIGNED
Kennoth & Bi	M.D. Att	ending Med. Stoff Phys.	10/30/66
23C.PHYSICIAN'S		23D. ADDRESS	
NA/ME (Type)	REDNE M.D.	JHH.	
KENNETH 1.	DEKNS.		(6)
4A. BURIAL CREMATION 24B. DATE	4C. NAME OF CEMETERY OF CR		(City, tawn, or county) (State)
10-30-66	JHH	601 N.	BROADWAY
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 1 1966 (L.C.	TANGOTHA ,	7 0 9 PRACTIMOR	RE, MD. 21205
/S 150-REV. 1/1/65			



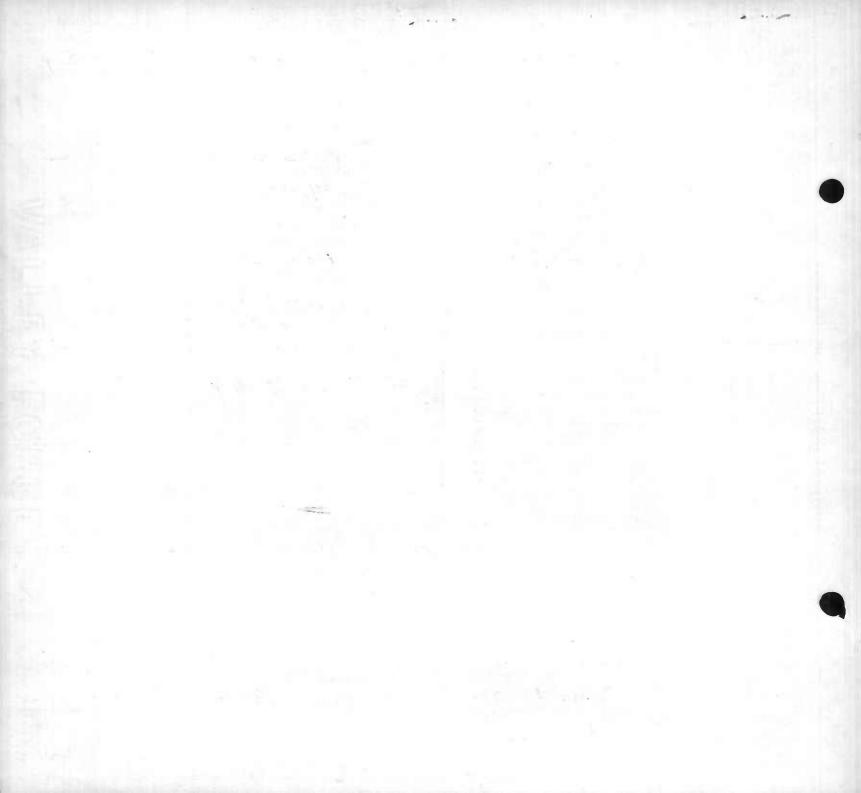
	H NO. 66-23023 66 10960	BALTIMORE CITY	HEALTH DEPARTMENT		66 10960
		CERTIFICA	TE OF DEATH	Registered No	00 10000
1. N	AME OF DECEASED POORE BAD	u GiRl	2. DATE AND	10/25 6	6 950 PM
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where		tution: residence before admission)
H	ULL NAME OF (If not in hospital or institution, goddess or location)  NSTITUTION	give street	C. CITY OR TOWN LIST guits	side city limits, write RU	RAL (ond size township)
1	Since		D. STREET ADDRESS (III )	urol, give location)	12-13
1	V		28/3	waldo	et Ceve.
5. S		NEVER MARRIED ), DIVORCED (specify)	8. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr.  Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIND OF during most of working lite, even it retired)	BUSINESS OR INDUSTRY	11. BINTHPLACE (State or foreign	an country)	12. CITIZEN OF WHAT COUNTRY?
13.	ATHERS NAME		14. MOTHER'S MAIDEN NAM	NE.	
15. Yes	Nas Deceased Ever in U. S. Armed Forces? ,no or unknown! (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	1B. 760.0	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ro	raise to.	DE MODALI	OHSEL AND DEATH
	(This does not mean the mode of dying, e.g.,	DUE TO	DDI KIP TORU	01511000	
	heart laiture, asthenia, etc. It means the disease, injury or complication which coused death,)	D.	emaria Ca	2000	
	ANTECEDENT CAUSES	DUE TO	The property and	View	
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the	(C)	3 RAIN Da	mage	
7	UNDERLYING CONDITION Iosi.		<del> </del>		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
CAL CE	21A, ACCIDENT WAS UNDERLYING 21B, home contributing Cause OF DEATH (notify medical examiner)	e, form, foctory, street, of	or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore (	City, give exact location)
MEDIC	OF INJURY	INJURY OCCURRED  ILLE AT Not White		JRY OCCUR?	
	22. I certify that (1) (this hospital) attended the	he deceased fram		966 to	10/25 1966
	and have and from the causes stated above.	(Ma) (dia) (dia mas) "		if in my) (dur) apini	an death accurred an the date
	23A SIGNATURE	, (10) (010) (010 1101)	Tow the budy after deaths	2	3B. DATE SIGNED
	lanted La	M.D. Atte	mding Med. Director	Stoff Phys.	10/25/61
	PAN FORD LE	WIN M.D.	ANASOMY	BOARDO	OWARVIAND
24A	BURIAL CREMATION, 24B. DATE 24C. NA	AME of CEMETERY OF CRE	MATORY 24D. LO	Y MEDICA	town, or county) (Stote)
25A		F REGISTRAR	25C. FUNERAL DIRECTOR	3 - 11XMATEUT	ADDRESS
	NOV 2 1966 OEL	at & tarbur	MORTY	BARY SER	VICE RCHD



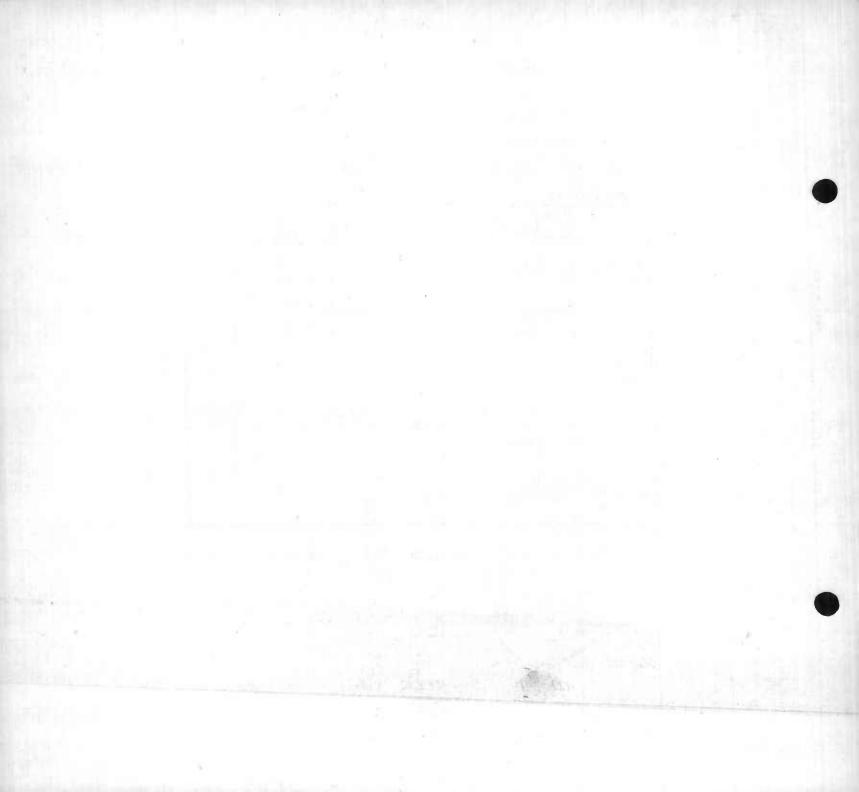


BALTIMORE CITY HEALTH DEPARTMENT

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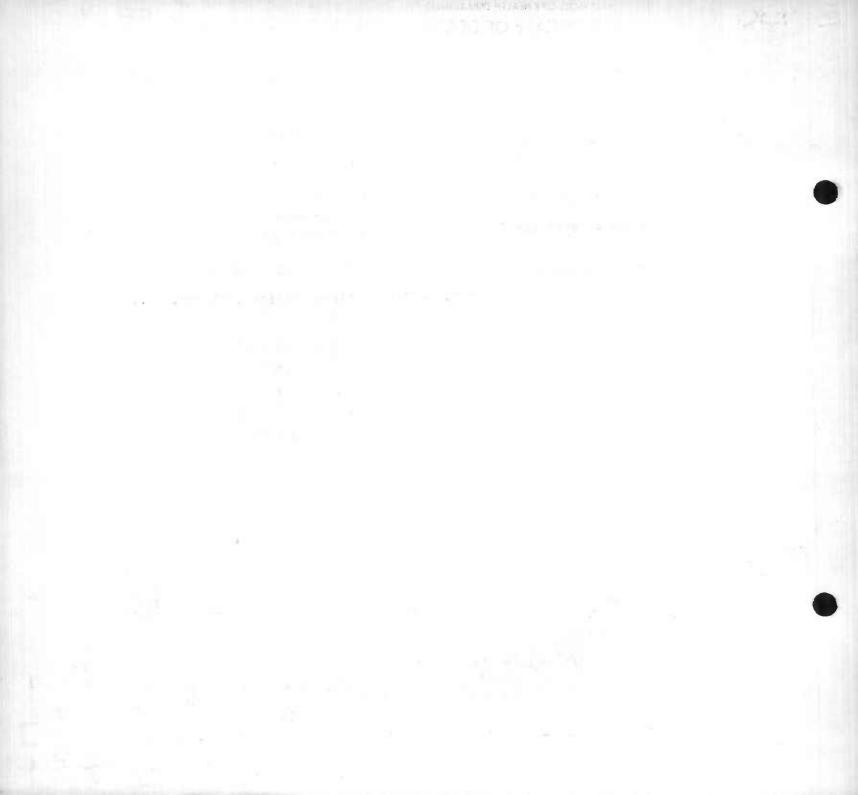




25 Success Will St. W Mannet 11-18-89 76 por Morre Lena E. He. T Allen R Lippy Hartand Pagingen Kominger Overnoon Consideration 45 1 XX and the second of the same nest Smel 2 prests Charles Menowald the potal

IMPORTANT FUNERAL DIRECTOR:

		BALTIMORE CITY	Y HEALTH DEPARTMENT	1	60 10000		
BIRTH	1 NO. 66 10967	CERTIFICA	TE OF DEATH	Registered No.	. 66 10967		
	CASE NO.		2. DATE AN	ID HOUR OF DEATH	1		
(Туре	or Print)	1. ELLIOTT					
3. PI	ACE OF DEATH IN BALTIMORE, MAR	YLAND DATE	4. USUAL RESIDENCE (Who	re deceosed lived. If i	1966   3:30 A. M. institution: residence before odmission)		
F	JLL NAME OF (If not in hospital or	r institution, give street					
HOSPITAL OR oddress or location)			C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
-			D. STREET ADDRESS (IF		07-00		
	DUTH BALTIM			BOX186	,		
5 51	SENERAL HOS	AAAPPIED NEVER MAAPPIED	ROUTE /	9. AGE (In years	If Under 1 Ve. If Under 24 Hrs		
		WIDOWED, DIVORCED (specify)		tost birthdoy)	Months Doys Hours Min.		
10A.	ALE NEGRO USUAL OCCUPATION (Give kind of work)	OB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF		
done	during most of working file, even if retired)		Portsmouth	,	WHAT COUNTRY?		
	Day Laborer - Royal	acking Company	YIRGINIA 14. MOTHER'S MAIDEN NA		U.S.A.		
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NA	ME			
E	DDIE C. ELLI	OTT	LETTIE 17. INFORMANT	JOHNSO	W		
15. V	os Deceosed Ever in U. S. Armed Force no or unknown) (If yes, give wor or dotes	of service) 16. SOCIAL	17. INFORMANT	V = III / I	ADDRESS		
	lo	of service) 231-26-8113	Hildred Elliot	t, Vienna,	Md., RFD		
	18. 16 2 1	CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRE	CTLY	0 1 10	11	ONSET AND DEATH		
	LEADING TO DEATH	(A)	Cardine arry and CHF	Tum e			
	(This daes not mean the made of heart failure, asthenia, etc. It meons t	the disease,	med CHF				
	injury or complication which coused (	deoth.)	Touchte LA	1 44 hm			
	ANTECEDENT CAUSES  (B)  DUE TO						
	ANTECEDENT CAUSES  (B)  Involvent of Ht by  DUE TO  DUE TO  Radiffuering (  JUNEAUSE CONDITIONS, if any, giving ise to the obove couse (A) stoting the  JUNEAUSE CONDITION last.  (C)						
	rise to the obove couse (A) UNDERLYING CONDITION last.	storing the (C)	Ca & horn	ch			
	11		1 2				
Z	OTHER SIGNIFICANT CONDITIONS CO						
ATI	TO THE DEATH BUT NOT RELAT	ED TO THE					
IFIC	9A. DATE OF OPERATION 198. COND.		20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
ERTIF	A A CCIDENT WAS UNDERLYING	23.8.81.4.65.05.101.1184/	YES				
	2) A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)		(II in Baltimo	ore City, give exact facation)		
Ö	21D. πME (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
->	(APPROX.)	While At Not Whi Work At Work					
	22. I certify that 💥 (this hospital)			10 11 . 00 %	10P=P 21 10/1		
	that (we) lost saw the deceased						
				of in park) (our) op	olhian deoth occurred on the date		
	and hour ond from the causes state	d obave. (I) (We) (did) (did not)	view the body ofter deoth.				
	23A. SIGNATURE	harred	andrea — Adad —	- 6	23 B. DATE SIGNED		
	127	M.D. Att		Phys.	10-21-66		
	NAME (Type) R. F	bonsy M.D.	32011.		IERAL HOSPITAL		
24A.	BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CR	12/3 2/0HT	ST. BALT	City, town, or county) (State)		
	REMOVAL (Specify) Burial 10-29-6						
2.5				Vienna, Mar			
25A.		25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	- 1 6 1	ADDRESS		
	NOV 2 1966 (R	PERSONAL STANSON THE ?	O Para Transfor	uff, Tedera	essery, maryand		
VS 1	50-REV. 1/1/65		1/	V	/		

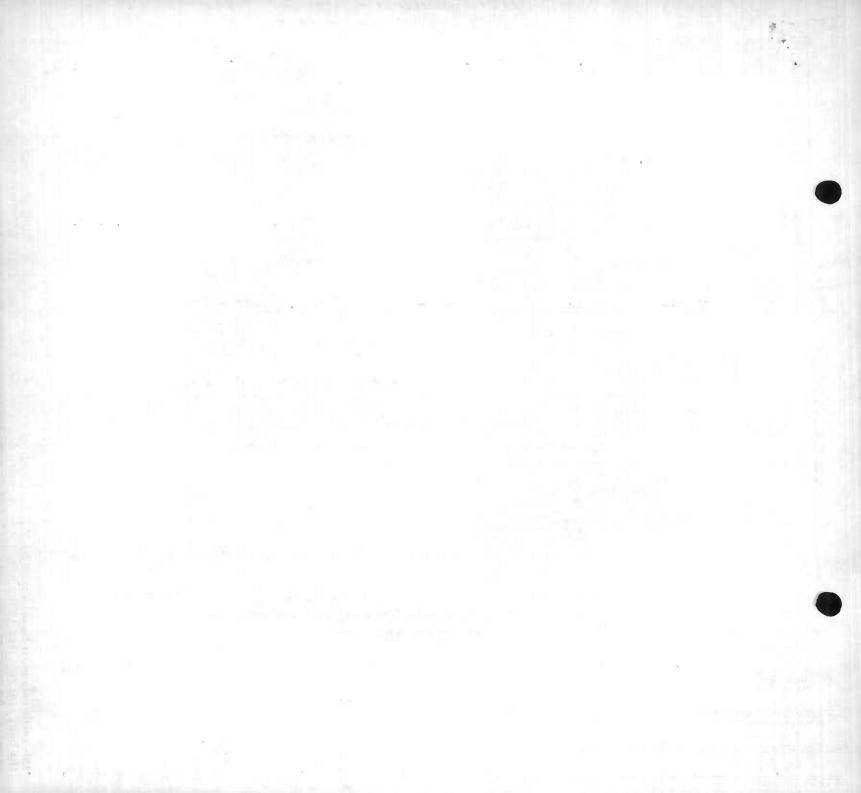


10/0/1914 2 EM KANDTALLS MO CHARLES RIETH MARY HEFTY the comment of the second Cherry P. P. P. Brown Shame Hypertensia lestine dealer Rent .... Rhimstedutholy 14/4/0 CHURCH & Brands & BORNES MATE L' JOHNSA

BIRTH NO. 13056 1096	BALTIMORE CITY	HEALTH DEPARTMENT		00 40000			
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	66 10969			
M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)  Heath, Baba  3. PLACE OF DEATH IN BALTIMORE, M.		2. DATE A	ND HOUR OF DEATH	1			
Type or Print Heath, Baba 3. PLACE OF DEATH IN BALTIMORE, M.	Gial	10	21.66	8 7 7 1			
3. PLACE OF DEATH IN BALTIMORE, M.	ARYLAND	4. USUAL RESIDENCE (WH	ere deceased lived. II	institution: residence befare admission)			
		MARYLAND	NII				
HOSPITAL OR oddress or locotic	or institution, give street		utside city limits.	RURAL and give township)			
INSTITUTION		BALTIMORE					
5 THE JOHNS HOPE	D. STREET ADDRESS (I	frural, give location)	1 0				
	659 GUTMAN	AVENUE					
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.			
FEMALE NEGRO	WIDOWED, DIVORCED (specify)	10-31-66	lost birthdoy)	Months Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of wo		11. BIRTHPLACE (State or for	eign country)	12, CITIZEN OF			
done during most of working life, even if retired)				WHAT COUNTRY?			
ID CATHERING MAAAS		14 MOTHER MAIDEN MA					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA					
WILLIE		ROSALIE BLY	THER				
15. Was Deceased Ever in U. S. Armed Fo (Yes, no or unknawn) (If yes, give war or do	les of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
700, 900 001 00	JEGORIII NO.						
18. 7 6 6 V 1	CAUSE O	F DEATH		INTERVAL BETWEEN			
DISEASE OR CONDITION D	IDECT! V	ONSET AND DEATH					
LEADING TO DEATH	m 1 0	w Birth W	eight (83)	v c \			
(This does not meon the mode o	7						
hearl failure, asthenia, etc. It mean injury or complication which cause	d deoth.)	mature Birth					
ANTECEDENT CAUSE	S (B)						
DISEASES OR CONDITIONS, if							
rise to the obove couse (A)		.~~					
UNDERLYING CONDITION 10st.	NUERLYING CONDITION lost.						
Z CHIER SIGNIFICANT CONDITIONS	HER SIGNIFICANT CONDITIONS CONTRIBUTING						
≥ TO THE DEATH BUT NOT REL	THER SIGNIFICANT CONDITIONS CONTRIBUTING  THE DEATH BUT NOT RELATED TO THE  ISEASE OR CONDITION CAUSING IT.						
U 19A. DATE OF OPERATION 198. CO	NDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	lo) 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?			
19A. DATE OF OPERATION 198. CO	RFORMED	VES	IN CERTIFYING C.	AUSES OF DEATH?			
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltimo	ore City, give exact location)			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, farm, factory, street, o	tice bidg., INJURY OCCUR?					
U	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
S OF INJURY			JULI VOODK				
Work Al Work							
22. I certify that (1) (this haspital) attended the deceased from 10/37 1966 to 10/3/ 1966							
	that (I) (we) lost saw the deceased alive on 10/3/1 19.6 and that in(my) (our) apinion death occurred an the						
and hour and from the causes ste	oted obave. (I) (We) (did) (did not)						
23A. SIGNATURE				238. DATE SIGNED			
Konnett S	Bedon M.D. Att	ending Med. Director	Staff Phys. 1	10/31/66			
23C. PHYSICIAN'S	Sec y Purpose	23D. ADDRESS	- 119 01 1	1 -1 -1			
NAME (Type) KENN			PKINS Hos	SPITAL			
	24C. NAME of CEMETERY of CR						
24A. BURIAL CREMATION, REMOVAL (Specify)	240. NAME OF CEMETERS OF CR	24D.	LOCATION (	City, town, or county) (State)			
	J1+1. HOST.		13A2/0	Ma			
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	DV CERT	ADDRESS D.C.IID			
NOV 2 1966	Oloberto E stadeupha -	munitu	ani sekv	ICE - BCHD			
S 150-REV. 1/1/65		, O					



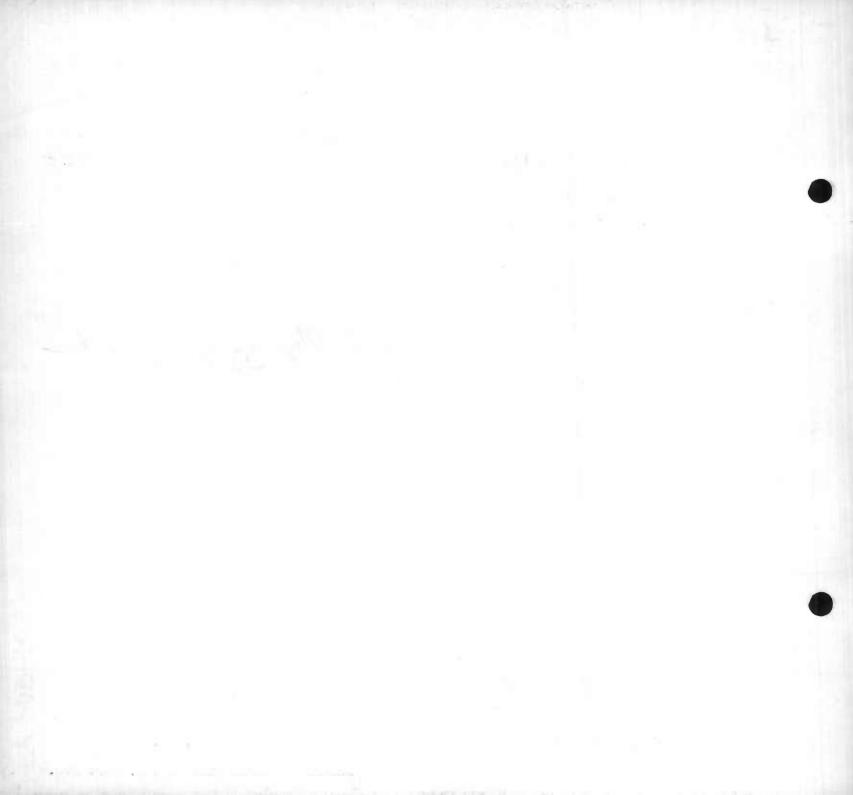
VS 150-REV. 1/1/65



IMPORTANT

DIRECTOR:

FUNERAL



MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered Na.
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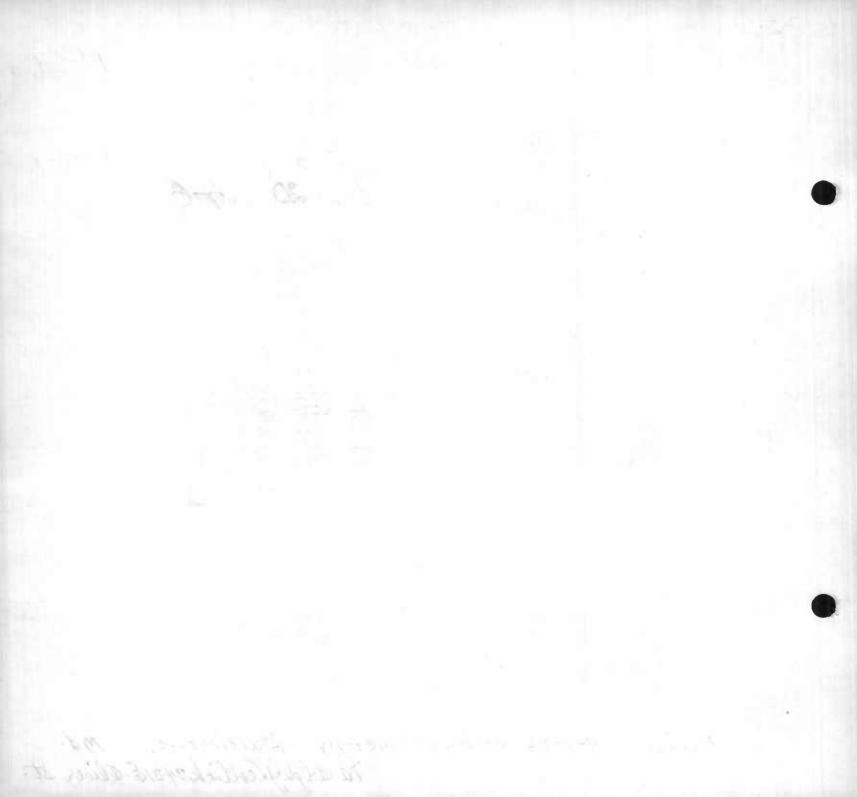
BRIH NO		MILDI	CALLA	AMIIATIK 2 C	LKIIII	AILOII	DLA III negisii				
M.E. CA	OF DECEASED					2. DATE AN	D HOUR PRONOUNC	ED DEAD			
(Type or Print) ALBERT J DAVIS							er 30, 1966		:47 A. M.		
3. PLACE	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission B. COUNTY					
FULL NA HOSPITAI	LOR ADDR	T IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	C. CITY O		e corporate limits, writ	e RURAL and give	e township)		
)	707 W. Mo	nument	Street		D. STREET	Baltimor ADDRESS (II rurol, 707 W. M		roet			
5. SEX	6. RACE		7 AA A PRIED	NEVER MARRIED	B. DATE OF		9. AGE (In years		If Under 24 Hrs.		
Mal		ro		DIVORCED (specify)	5. DAIL 01		lost birth 54	Months Doys	Hours Min.		
			Sing	BUSINESS OR INDUSTR	11/1			12. CITIZEN OF			
	g most of working life,		IOS. KIND OF	BOSINESS OK HADOSIK	III. BIKINE	ACE (Sidile of ibreit	gii country)	WHAT CO	UNTRY?		
	aborer ER'S NAME				Mar	vland	E	US	A		
13. FAIR	EK 3 NAME				14.700	TO MAIDEN HAM					
	gar Devis	II S A DAA ED	EODCES?	16, SO CIAL	Hat 17. INFORM	tie Nutt	er	ADDRESS			
	runknown) (If yes, given			SECURITY NO.	17. HAT OKIVI	OIL		ADDILESS			
no					Mrs	Inez Mol	ock Rt 2 C	ambridge	Md		
18. 4	1,20,0		C LIFE	CAUSI	OF DEATH	1			RVAL BETWEEN		
1	DISEASE OR CO	NDITION DI	RECTLY								
	LEADING	TO DEATH		(A) Arter	ioscle	cotic hear	t disease				
he	nis does not meon on foilure, osthenio, ury or complication v	etc. It meons	the disease,	DUE TO							
	ANTECENE	DENIT CALLER	e								
Di	SEASES OR CONE	DENT CAUSE DITIONS, IF A		(8)DUE TO							
RIS	SE TO THE ABOVE	CAUSE (A) S'	TATING THE	205 10							
	ADERETHO CONE	AIION LASI.		(C)							
을		II									
S TO	THER SIGNIFICANT  THE DEATH B  ISEASE OR CONDITI	UT NOT RE	LATED TO T								
19A.			IDITION FOR	WHICH OPERATION		TOPSY? (Yes or No)	208. IF YES, WERE F		DERED		
NUL DIO	EXTERNAL CAUSE ERLYING OR CONT G CAUSE OF DE	TRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street,	in or obout 2 office bldg., II	NJURY OCCUR?	(If in Boltimore City, g	give exoct location	)		
	TIME (Month) NJURY ROX.)	(Doy) (Yeo		WHILE AT AT V	WHILE 2	IF. HOW DID INJ	URY OCCUR?				
22.	I certify that I	held an I	nquiry	Inspection X Au	etapsy 🗌		is basis, death in				
	resulted fram:			Accident Suicio			Undetermined mann	ner			
	ACTUAL SIGNATURE	lead	211	A sate us		EF MEDICAL EX		DA	TE SIGNED		
	EXAMINER'S Ch	arles S	. Sprin	gate, M.D.		TE MEDICAL E		October 3	1, 1966		
	RIAL CREMATION,	23B. DATE	23	C. NAME OF CEMETERY	or CREMATO	RY 23 D. I	OCATION (City	y, town, or county)	(Stote)		
1	NL (Specify) rial	11/4/	66	Mt Valvary	Cemet	TV A	A County	Ma			
	TE REC'D BY HEALT	1 1		OF REGISTRAR		UNERAL DIRECTOR		ADDRE	SS		
	NOV 2	1966	000	0 F. D. no	Ac	dolphus H	alstead 12	06 W Nort	h A'e		
VS 151-F	REV. 1/1/65	1300	Whatest	C COURT	3 0	9 8 5					



BIRT	100000	ATE OF DEATH Registered No. 10	974
M.E	AME OF DECEASED My Louis Spelshouse	2. DATE AND HOUR OF DEATH	
		Oct 31 1966	1/ 30
	CLACE OF DEATH IN BALTIMORE, MARYLAND  ULL NAME OF (If not in hospital or institution, give street	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY BALFAMORE 213	before of
H	HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give to	
1L	for selous sugar	D. STREET ADDRESS (If rurol, give location)	
1	Baltimore Md	2116 Comandson an -3	00
5. S	M WIDOWED, DIVORCED (specify)	9/31/85	If Under Hours
don	USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUST of working life, even il retired)  Owner  City Wide Realt	11. BIRTHPLACE (Stole or foreign country) 7 Co Baltimore, Md. USA	INTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Late-Louis A. Spelsheuse		
15. Yes	Wos Deceased Ever in U. S. Armed Forces?  (no or unknown) (If yes, give wor or dotes of service) 2 2 2 2 3 6 3	17. INFOMANI Elizabeth Spelshouse 2116 Edmondson Ave.	:SS
	18. 4 2 0 . / I CAUSE		AL BETWI
	DISEASE OR CONDITION DIRECTLY		AND DE
	LEADING TO DEATH	ulmonary Infaction mossion minui	les
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease,		
	injury ar camplication which caused death.)	.1	
	ANTECEDENT CAUSES	,	
	DISEASES OR CONDITIONS, if any, giving	Rescarded polonia due	
	rise to the above cause (A) stating the (C)	Yourney alper alerosis	
	UNDERLYING CONDITION Iosi.	gho sternes	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
CERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSILIN CERTIFYING CAUSES OF DEATH?	DERED
CAL CE	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	in or obout 21°C. WHERE DID (If in Boltimore City, give exact office bldg., INJURY OCCUR?	locotion)
-	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) While At Not W		
	Work At Wo		
	22. I certify that (1) (this hospital) attended the deceased fram	Oct 15 1966 to Oct 37	19
	that (1) (Ne) last saw the deceased alive on	0 19 66 and that in(my) (aux) opinion death accu	rred an
	and haur and fram the causes stored above. (1) (We) (did) (did)	view the bady after death.	
	23A. SIGNATURE	23B. DATE SIGNI	ED /
	Jester a. Orall & M.D. A	thending Med. Stoff Phys.   19/3	1/66
-	236. PHYSICIAN'S	23D. ADDRESS	1
	NAME (Type)  LECTURE A. WALL JR. M.I	1039 St. Coul A Saltimine on	1.
24 4	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of C		
244	REMOVAL (Specify)	REMATORY 24D. LOCATION (City, town, or county	rJ
	Burial 11-3-66 Loudon Par	c Cem. Baltimore, Md.	
25A	. DATE REC'D BY HEALTH DEPT. 258. NAME OF SEGISTRAR	25C. FUNERAL DIRECTOR ADI	DRESS
	NOV 2 1966 (Poleut & Janey	Witzke F.D4101 Edmondson A	ve.
-	HOLA CONTRACTOR DE CONTRACTOR	7-10-0-8-7	

FUNERAL DIRECTOR: IMPORTANT

13/18 Tallet Same of the The second of the second and I Para de Sidone red.



R-\$100 66 10976 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 10976

M.E. CASE NO.						
1. NAME OF DECEASED	THE RESERVE	2. DATE AND HOUR PRONOUNCED DEAD				
Talme	er R. Ramey	11/1/66   9:10 a. M.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT	UTION. GIVE STREET	Maryland				
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN (If autside carparate limits, write RURAL and give township)				
		Baltimore O				
		D. STREET ADDRESS (If rural, give location)				
1818 E. Baltimore S	St.	1818 E. Baltimore St.				
	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.				
	DIVORCED (specify)	Feb 24 1913   lost birthday   Manths Days Hours Min.				
IDA. USUAL OCCUPATION (Give kind of work 10B. KIND O		24 2/2/				
dane during most of working life, even if retired)		WHAT COUNTRY?				
	m Cont. Co	Virginia USA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
James Wrley Ramey		Pearl Unk				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown), (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
No -	414 07 8159	Mae Ramey 1818 E Baltimore, Street				
18.		OF DEATH INTERVAL BETWEEN				
4/6/	CAO SE	ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cardio	omegaly due to rheumatic heart disease				
(This does not mean the mode of dying, e.g.,	(A)DUE TO					
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)						
ANTECENDENT CAUSES	(B)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO					
UNDERLYING CONDITION LAST,						
Z	(C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI						
DISEASE OR CONDITION CAUSING IT.	1004000400011400000000					
19A, DATE OF OPERATION 198, CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
		yes				
21A. EXTERNAL CAUSE WAS 21B. UNDERLYING OR CONTRIB- hom. etc.)	PLACE OF INJURY (e.g.,	in ar about 21C. WHERE DID (If in Baltimare City, give exact location) office bldg., INJURY OCCUR?				
UTING CAUSE OF DEATH.						
7	TE. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
OF INJURY		WHILE				
m,	WORK AT W	/ORK				
22, I certify that I held on Inquiry	Inspection Aut	topsy ond that on this basis, death in my opinion				
resulted from: Notural couses X	Accident					
ACTUAL MON OF	7 /	CHIEF MEDICAL EXAMINER DATE SIGNED				
SIGNATURE Werner h	M.D.	ASSISTANT MEDICAL EXAMINER X				
EXAMINER'S	11	ASSOCIATE MEDICAL EXAMINER 11/1/66				
NAME (Type) Werner U	Spitz, M.D.					
23A. BURIAL CREMATION, 238, DATE 23	C. NAME OF CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)				
Burial Nov 4: 1966	restlam Gond	ensof Memories Baltimore National Pike Md				
	OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS				
NOV 2 1966 (12.2)	est & Farbert	The Dippel Bros Inc 1800 E Lombard St				
VS 151-REV, 1/1/65	Q Uni-	7 0 0 0				

to water sensual Block throws break the balance to to be a sentence of the tribation of the sentence of the sen

1- HJ-14459	BALTIMORE CIT	Y HEALTH DEPARTMENT	242				
66 10977	CERTIFICA	TE OF DEATH Registered Na.	882FUS				
M.E. CASE NO.		2, DATE AND HOUR OF DEATH					
Type or Print) BABY GIRL	Woodson	7-16 ~ 6	66 1 10 A				
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived, if in A, STATE B, COUNTY					
FILL NAME OF A STATE STATE OF THE STATE OF T		md.					
FULL NAME OF (If not in hospital or instituted oddress or location)	tion, give street	C. CITY OR TOWN (II outside city limits, write	RURAL and give township				
INSTITUTION	1.0	Balt	15-17				
Sinai Hospi	ran	D. STREET ADDRESS (Il rurol, give location)					
Baltenore, N	(d 21215	3020 Grantley Hu	10.				
	RIED, NEVER MARRIED OWED, DIVORCED (specily)	B. DATE OF BIRTH 9. AGE (In years lost binhdoy)	II Under 1 Yr. II Under 24 H Months: Doys Hours Min.				
FN		7/16/66	4 0				
OA. USUAL OCCUPATION (Give kind of work 10B, KIN one during most of working life, even if retired)	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
one during most or working life, even it retired)	Species .	Baltimore, Ud	USA				
3. FATHERS NAME		14. MOTHER'S MAIDEN NAME	0 111				
2. 1 2 1		Viola Somms					
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS				
fes, no or unknown) (II yes, give wor or dotes of serv	ice) SECURITY NO.	17. INFORMANT	ADDRESS				
1B. 9 7 X I	CAUSE	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY							
LEADING TO DEATH	(A)	Zinnaturity (950 gms)	hrs				
(This does not meon the mode of dying, heart foilure, osthenia, etc. It means the disc	e.g., DUE TO						
injury or complication which caused death.)		•					
ANTECEDENT CAUSES	(B) DUE TO						
	DISEASES OR CONDITIONS, if ony, giving						
rise to the above cause (A) stoting UNDERLYING CONDITION last.	The (C)						
11							
OTHER SIGNIFICANT CONDITIONS CONTRIBI	JTING						
TO THE DEATH BUT NOT RELATED TO	) THE						
19A. DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED				
WAS PERFORMED		no in Certifing Ca	OSES OF DEATH?				
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (II in Boltimor office bldg., INJURY OCCUR?	e City, give exoct location)				
DEATH (notily medical examiner)	etc.)	onice stage, first or core.					
O 21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?					
OF INJURY (APPROX.)	While At At Work	ile					
	TWOIR - AT WOIL						
		7-16 19 66 to					
that (I) (we) last saw the deceased alive	an 7-16	19 <u>66</u> and that in(my) (aur) api	inian death accurred an the d				
and haur and fram the causes stated above	ve. (1) (We) (did) (did nat)	view the bady after death.					
23A. SIGNATURE			23B. DATE SIGNED				
James L. France	M.D. A	ys. Med. Stoll Phys.	7-16-66				
Z3C-PHYSICIAN'S		23D. ADDRESS	70 00				
NAME (Type)	Time M.D	C - 10 1	- 0				
LOVIS C	1 (NL	THE SECURITY DO NOT SECURITY	MARVIAND				
REMOVAL (Specify)	IC. NAME of CEMETERY of C	TEMPORED TO THE TOTAL TO THE TOTAL TO THE TEMPORED TO THE	INTERNATION TO NOTABLE 1 IN (2) (2)				
11-2-66		IOHNS HOPKINS MED	DICAL SCHOOL				
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	CO. FUNERAL MIDTIADY CO.	DILLON XOURS				
NOV 2 1966 () 是 ()	ub, E, Farberman	7 0 CINUMINAKI SE	KVICE - BCHD				
/S 150-REV. 1/1/65	<del>, 0 0 11 1</del>						



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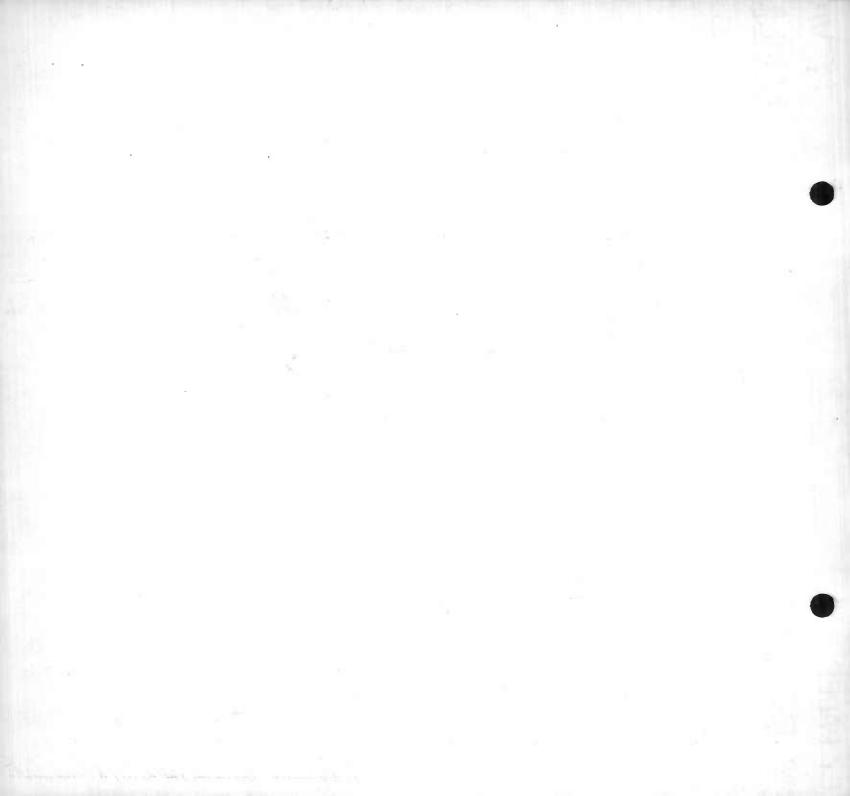
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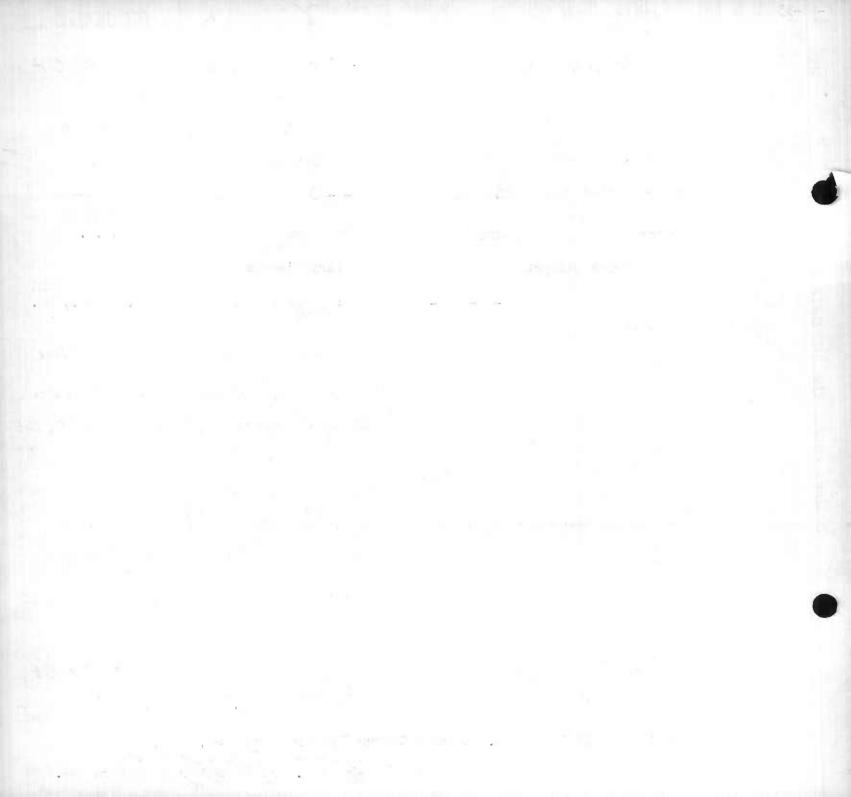
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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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FUNERAL DIRECTOR:

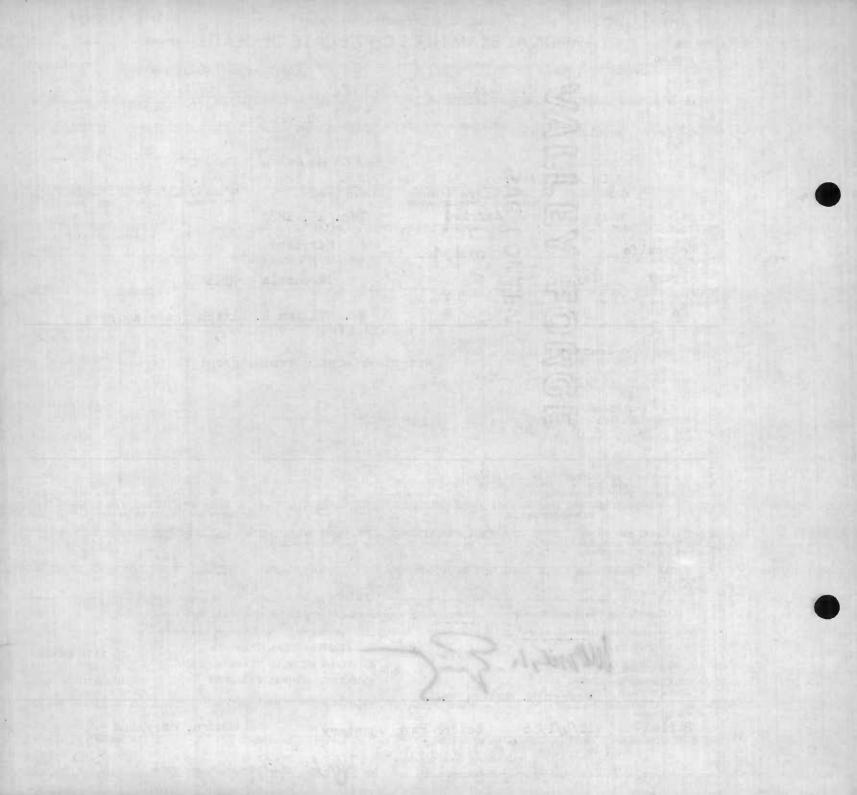
66 10980	BALTIMORE CITY	Y HEALTH DEPARTMENT		00 10000				
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	66 10980				
M.E. CASE NO.  1. NAME OF DECEASED								
(Type or Print)			D HOUR OF DEATH	10.0				
KANFMAN. KI	BCHEL Walte		11/2/66					
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE / B. COUN		titution: residence before admis				
		m	.,					
FULL NAME OF (If not in hospital or instit	utian, give street	10		and the same of th				
INSTITUTION				URAL and give town hip				
Of well Hamildon		ORE	11 - 7					
4 Sinai Hospital			rural, give lacation)	- 5.2				
		233 W.	LAWVAL	-E 17				
	RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24				
	DOWED, DIVORCED (specify)	11/1/21	lost birthday	Months Days Haurs M				
	aswoadh	11/187	8 L					
10A, USUAL OCCUPATION (Give kind of work 10B, KI) done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?				
None		Baltimore, M	a mrl and	Wild Gooding				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM						
STAINERS WAVE		- MUINERS MAIDEN NAM	ALE.					
David Walters		Bertha B	aer					
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS				
Yes, no ar unknown) (If yes, give war or dates of se	rvice) SECURITY NO.							
No None	213-09-8918	Mrs. Theodore	S. Ramsay	same address				
18. 4 00,11	CAUSE C	F DEATH		INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH				
LEADING TO DEATH	A	RRH TEMIA		1 40				
(This does not mean the mode of dying,	e.g., DUE TO	1700 7 2 12 1 1 1		PI D.				
hearl failure, asthenia, etc. ft means the disease,								
injury or complication which caused deoth.)		MT		12 46				
ANTECEDENT CAUSES	(B)			701				
DISEASES OR CONDITIONS, if ony,								
rise to the obove cause (A) stating the (C)								
UNDERLYING CONDITION last.								
OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING							
TO THE DEATH BUT NOT RELATED T								
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	1 208 IE VEC 14155 51	NIDINGS CONSIDERS				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		C C	IN CERTIFYING CAU	ISES OF DEATH?				
# PK		157						
U 21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Baltimare	City, give exact location!				
▼ DEATH (notify medical examiner)	etc.)	mice oragi, maraki woodk:						
O 21D. TIME (Month) (Day) (Year) (Hour	21E, INJURY OCCURRED	015 116111 -18 1111	100 0001100					
21D. TIME (Month) (Doy) (Year) (Hour		21F. HOW DID INJ	DRY OCCUR?					
(APPROX)	While At Not While Work At Work							
22 1	Work At Work							
22. I certify that (I) (this haspital) atten	11 / 5	1 1 1	У <u>У</u> <u>У</u> ta/	1/2 19 6				
that (1) (we) last saw the deceased alive	e an	1966 and the	at in(my) (aur) apin	ian death accurred an the				
and haur and from the causes stated abo	eve. (I) (We) (did) (did not)	view the body ofter death						
23A. SIGNATURE	(7) (117) (319) (310 1101)	the bady dilet dedili.		228 DATE KIGNER				
		andina C	Custo C	238. DATE SIGNED				
) Crocks	M.D. Att	ending Med. Director	Phys	11/6/				
23 C. PHYSICIAN'S		23D. ADDRESS						
NAME (Type)		6.1	· · /\-	P				
	M.D.	ンノアド	to s	0 -				
4A. BURIAL CREMATION, 24B. DATE	4C. NAME of CEMETERY OF CR	EMATORY 24D. LC	CATION (City	y, town, or county) (Sta				
Burial . 11/4/1966	Ohah Chalama	an of annual Day	1 4					
	Oheb Shalom Co		ltimore, Mar					
25A. DATE REGIDAL HERLTH DERL	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		C ADDRESS				
THO WE TOUGHT	with E Atalyeuman -	Wind lar As	200 - 800 -	20774				
/S 150-REV 1/1/65		, die de la constante	a servo	10000017				

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00	10301		BALTIMORE CITY HEAL	TH DEPARTMENT		00 10001
BIRTH NO.	MEDI	CAL EX	AMINER'S CI	ERTIFICATI	E OF DEATH Re	gistered No.
M.E. CASE NO.						
I. NAME OF DE	CEASED			2	DATE AND HOUR PRONO	UNCED DEAD
(Type or Print)	Ida	G. Ul:	rich		11/1	/66   12:45 a. M
3. PLACE IN BAL	TIMORE, MARYLAND, W			4. USUAL RESIDEN	CE(Where deceased lived.	If institution: residence before admission
				A. STATE Mar	yland B.	COUNTY
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITA		JTION, GIVE STREET			, write RURAL and give township)
NOITUTITEN				D - 1	to dimension a	1) 23
					SS (If rurol, give locotion)	1200
	3120 Abell	Δνο			20 Abell Ave.	
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In )	reors   If Under 1 Yr. If Under 24 Hrs
5. SEA	o. KACE		DIVORCED(specify)	b. DATE OF BIRTH	lost birthdoy)	Months Doys Hours Min.
female	white		rried	Dec. 15,		
	CUPATION (Give kind of world working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	tote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housew		11/2011		Mary:	land	
13. FATHER'S NA	ME			14. MOTHER'S MAI	DEN NAME	
Frank	Taylor			Theod	dosia Hill	
	ED EVER IN U.S. ARMED		16. SOCIAL	17. INFORMANT	**	ADDRESS
(Yes, no or unknow NO	n) (If yes, give wor or dote None	s of service)	SECURITY NO.	M. 12171	- 11 112	
	MONA				iam H. Ulrich	same address
18. 44 2	211		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	ASE OR CONDITION DI					
(7)	LEADING TO DEATH		(A)Arterio	sclerotic	cardiovascular	disease
heart failur	not mean the mode of e, osthenio, etc. It means	the disease,	DUE TO			
Injury or co	omplication which coused	deom.,				
	ANTECENDENT CAUSE	S	170			
	OR CONDITIONS, IF A		DUE TO			
	ING CONDITION LAST.	IA III O III E				Let I Style to Style London
Z		16.74	(C)			
Ĕ	H H					Name of the State of the
OTHER SIC	CHIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO T	N G HE			
H DISEASE	OR CONDITION CAUSING	FIT.				
OTHER SIGN TO THE DISEASE O	OF OPERATION 198, CON		WHICH OPERATION	no	(Yes or No) 208, IF YES, WE IN CERTIFYING	CAUSES OF DEATH?
ZIA. EXTERN.	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	n or about 21C. Wh	HERE DID (If in Boltimore C	ity, give exoct locotion)
	USE OF DEATH.	nome etc.)	, form, foctory, street, o	mce biog., INJURT	OCCUR?	
E 21D TIME	(Month) (Dov) (Yeo	r) (Hour) 2	TE. INJURY OCCURRED	215 HOV	W DID INJURY OCCUR?	
OF INJURY	(Month) (Doy) (Yeo				W DD INJURI OCCUR:	
(APPROX.)		m. V	VHILE AT NOT V	ORK		
22.	rtify that I held an I	noulry 🗌	Inspection Aut	onsy and	that on this basis, death	In my opinion
resu	Ited from: Notural co	uses X	Suicide			nanner
ACTU	1 MA	110	7/- 1		DICAL EXAMINER	DATE SIGNED
SIGNA		71.	M.D.	ASSISTANT ME	DICAL EXAMINER X	
EXAMI				ASSOCIATE ME	DICAL EXAMINER	11/1/66
NAME	W. C. L. C.	U. Spi				Company of the last of the las
23A. BURIAL CR REMOVAL (Speci		23	C. NAME OF CEMETERY O	CREMATORY	23D. LOCATION	(City, town, or county) (Stote)
Buria	- 41 4	966	Loudon Park	meterr	Baltimore,	Maryland
24A. DATE REC'E			OF REGISTRAR	24C. FÜNERAL		ADDRESS
	1101 % 136	10 Ohlo	BE STADE	1 7./ /	7 . /	2 Bulto, md
		-440		7//21	1106.	1. Inti. 0.

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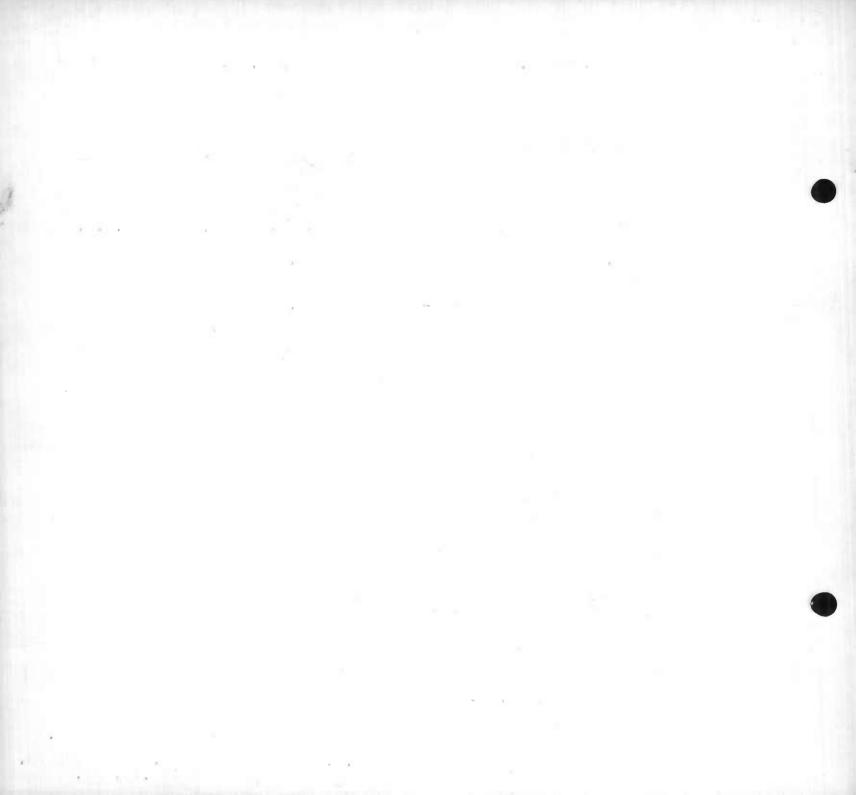




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BIR	гн ио.	WEDI	CAL EX	CAMINER'S	CERTIFICAT	TE OF D	DEATH Registe	red No	10000
	L CASE NO.					1			
(Ťy	Pe or Print)		TD	TOUADDOON			HOUR PRONOUNC	ED DEAD	0.00 -
3. 1		ORMAN TMORE, MARYLAND, W		ICHARDSON	A. USUAL PESID	Novemb	per 1, 1966  deceosed lived. If inst	itution: resi	9:30 P
	LAGE III PAGE	mond manisand, m	TIERE I ROMO	SHOLD BLAD	A. STATE	yland	B. COU	INTY	delice baloic damis at
HO	L NAME OF	ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TOV	VN (If outside	e corporate limits, write	RURAL of	nd give township)
	Ma	aryland Gener	al Hosp	ital	D. STREET ADDI	timore	rive lession)	2	
-	0					28 Park			
5. 5	EX	6. RACE	7. MARRIED.	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	If Under	r 1 Yr. If Under 24 H
		E-119	WIDO WED,	DIVORCED(specify)			last birthogy	Months	Days Hours Mir
	Male	White JPATION (Give kind of work		rried	7/15/191		54	10 61515	1
	e during most of y	working life, even if retired)						12. CITIZ WHA	EN OF T COUNTRY?
20	rarmer		1.5	rming		th Caro			
13.	FATHER'S NAM	Maria Contract Contra			14. MOTHER'S M				
1	Thoma			12	Harr	let F	vans		
(Y e	, no or unknown	O EVER IN U.S. ARMED	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	Yes	World War II			Mrs. Ire	ne Rich	ardson sa	me ad	dress
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)  ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)								
2 ≥		NIFICANT CONDITIONS DEATH BUT NOT REL							
<u>  </u>	DISEASE O	R CONDITION CAUSING	IT.			- /V bi \	005 10 Mag 14/000 Cl		ALLER PRES
L CER	0	OPERATION 198. CON WAS PER	FORMED		N	To .	20B. IF YES, WERE FILL IN CERTIFYING CAU	SES OF DE	ATH?
EDICA	UNDERLYING	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., farm, foctory, street,	olfice bldg., INJURY	OCCUR?	II in Boltimore City, gi	ve exoct lo	ocotion)
Σ	21 D TIME	(Month) (Doy) (Year	) (Hour) 2	TE. INJURY OCCURRED	21 F. H.C	DENI DID WO	IRY OCCUR?		
	(APPROX.)			WHILE AT NOT	WHILE WORK				
	22. I cert	tify that I held on I				that on thi	s basis, death in m	ny opinio	n
	resul	ted fram: Natural car	uses X	Accident Suich	de Homici	de 🗌 L	Indetermined monne	er 🗌	
	ACTUAI SIGNAT		Tolt	1/2/2	CHIEF MI		AMINER AMINER		DATE SIGNED
	EXAMIN	IER'S Rudige	er Brei	tenecker	ASSOCIATE M				11/2/66
23A	NAME (		23	C. NAME OF CEMETERY	or CREMATORY	23 D. Le	OCATION (City,	town, or	
	MOVAL (Specily	(1)							
24	Buria.	1 11/7/1 BY HEALTH DEPT.		Baltimore No OF REGISTRAR		me tery	Baltimore	, Md.	ADDRESS
1 24/	" DAIL KEC D	THEATH DEFT.	240 MAINE	OI KEUISIKAK	Z-C. FUNERA	TE DIKECTOR			TO ALSO

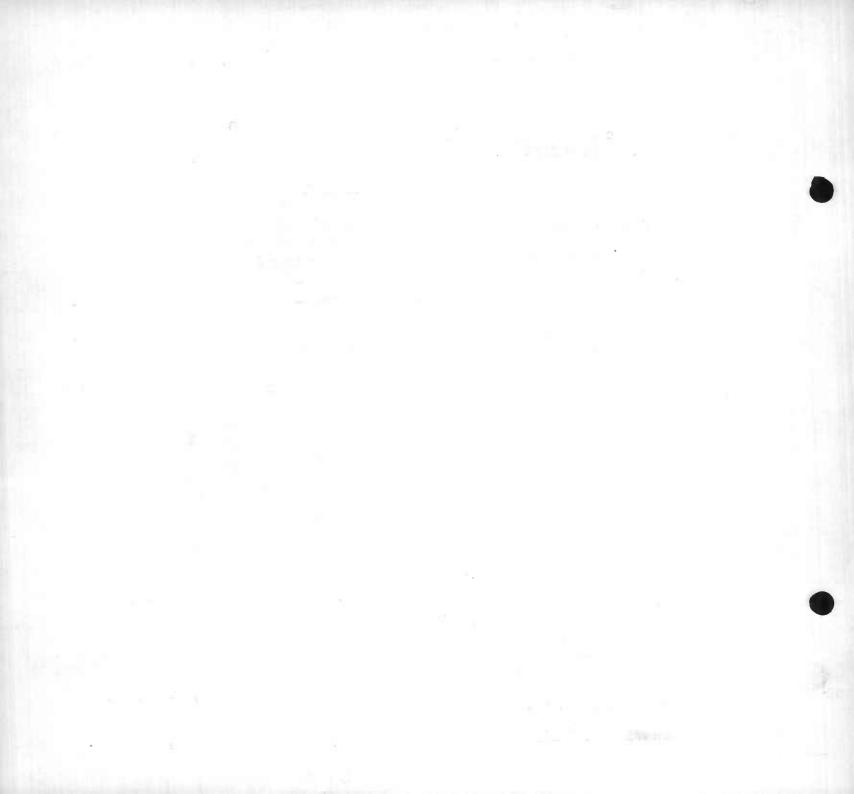
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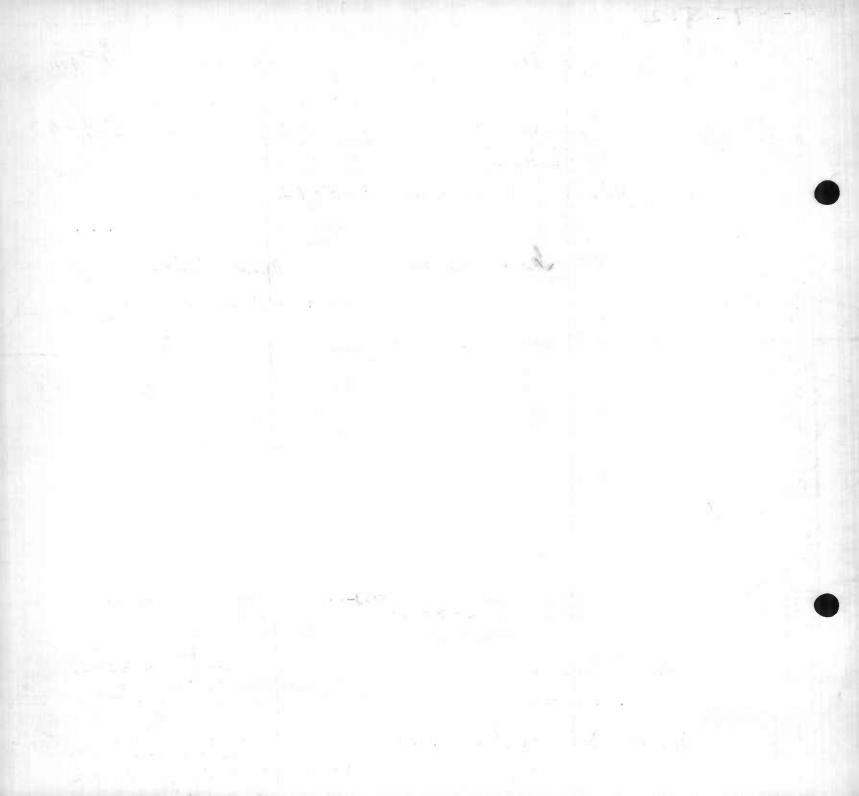
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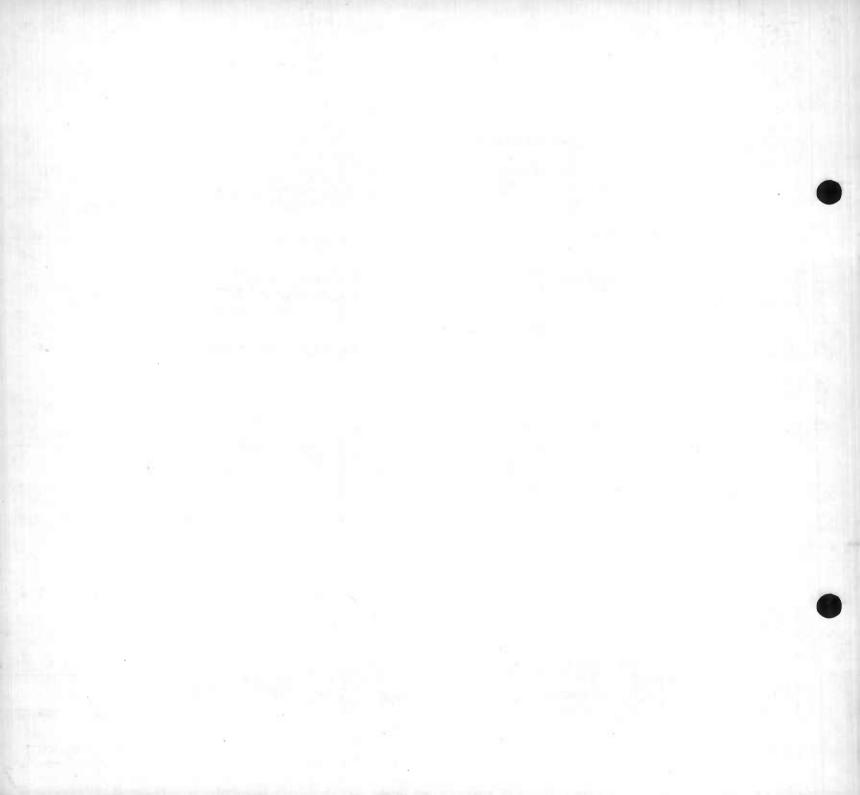




IMPORTANT

DIRECTOR:

FUNERAL



	66	10989		BALTIMORE CITY HEA	ALTH DEPART	MENT		66	10989
BIR	TH NO.	M	EDICAL E	XAMINER'S C	CERTIFIC	ATE OF D	EATH Registe	red No	10000
M.	E CASE NO.						-		^
1.	NAME OF DE	CEASED				2. DATE AND	HOUR PRONOUNC	DEAD	
1119	pe or runii	PLEASANT	A.	RICKERDS		Novemb	er 2, 1966	1	6:45 A
3.	PLACE IN BAL	TIMORE MARYLAN	ID, WHERE PRONG	DUNCED DEAD	4. USUAL P	ESIDENCE (Where	leceased lived. If inst	tution: resi	dence before admission
FIL		GE NOT IN H	OCULTAL OR INICIA	THE COURT CAREET		Maryland	B. COO	1411	
HC	LL NAME OF	ADDRESS OR	LOCATION)	TUTION, GIVE STREET	C. CITY OR	TOWN (If outside	corporate limits, write	RURAL o	nd give township)
IIN.	SITOTION					Brooklyn		2 2	-00
1		University	Hospital		D. STREET	DDRESS (If rurol,	give location)		
						204 Camros	e Avenue		
5.	SEX	6. RACE		O, NEVER MARRIED	8. DATE OF	BIRTH	9. AGE (In years lost birthdoy)	If Unde	r 1 Yr. If Under 24 H
	Female	White	-	DIVORCED(specify)	Fabr 2	0, 1902	64	Monms	Doys Hours Min.
104	USUAL OCC	UPATION (Give kind	of work TOB. KIND	LOOW OF BUSINESS OR INDUST			country)	12. CITIZ	EN OF
dor		working life, even if re		ld - Coheala	774	mai mi a		WHA	U S A
13.	Waitr FATHER'S NAM		Fub.	lic Schools		rginia			USA
	المحمدال	- T			A	d a Wassa			
15.		es Frye	RMED FORCES?	16. SOCIAL	17. INFORMA	ie Frye		ADDRES	\$
		(If yes, give wor		SECURITY NO.			0.01		
	No				Elmer	L. Rickerd	ls 204	Camro	ose Ave.
	(This does heart failure injury or co	SE OR CÓNDITIO LEADING TO E not meen the mo , osthenio, etc. the mplicotion which co	DEATH  de of dying, e.g. meons the discose used deoth.)  AUSES	DUE TO	o-cerebr	al Injurie	· S		
	RISE TO TH	OR CONDITIONS	(A) STATING THE						
7	UNDERLYI	NG CONDITION	LAST.	(C)					
<b> </b>   <u>ô</u>		11							
CERTIFICATION	TO THE	NIFICANT CONDITION OF CONDITION CA	T RELATED TO	TING THE					***********************
CER	19A. DATE OF		S PERFORMED	WHICH OPERATION	Y	es	N CERTIFYING CAUS	SES OF DE	Yes_
S	UNDERLYING	CAUSE WAS OR CONTRIB-	21 E	R. PLACE OF INJURY (e.g.	office bldg., IN	C. WHERE DID	f in Boltimore City, gi	ve exoct le	ocotion)
MEDIC,	U IING - CAL	ISE OF DEATH.	610.	Street				ion of	f Upland Rd
_	OF INJURY	(Month) (Doy)		21E. INJURY OCCURRED		F. HOW DID INJU	RY OCCUR?		Deceased wa
	(APPROX.)	11 1 '	66 6:50 P.	WHILE AT NOT	WHILE X	Auto-pedes	strian Accid	lent -	-Pedestrian
	22.	tify that I held a			utopsyX		s bosis, deoth in m	- 4-00	
		Ited from: Notye		_			ndetermined monne		
	1930	7	), /	2		F MEDICAL EX.			
	ACTUA SIGNAT		Bur	En an Xm.		T MEDICAL EX	_		DATE SIGNED
	EXAMIN	VER'S D	dicer Bre	itenecker	ASSOCIAT	E MEDICAL EX	AMINER		11/2/66

EXAMINER'S NAME (Type) Rudiger Breitenecker

3A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY OF CREMATORY

11/2/66

(Stote)

23A, BURIAL CREMATION, 23B, DATE REMOVAL (Specify)
Burial 11 7 1966

Mount Olivet

Frederick, Md.

23D. LOCATION

ADDRESS

24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR

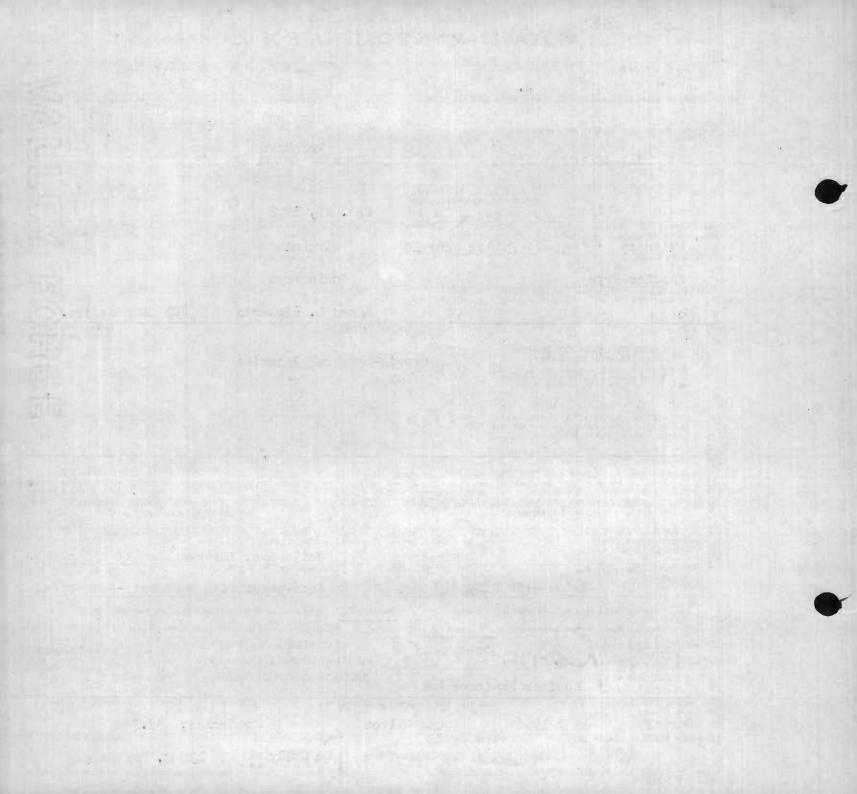
5 E. Forbergua -

Moderativ 3

130 E. Fort Ave

(City, town, or county)

VS 151-REV. 1/1/65



ORR

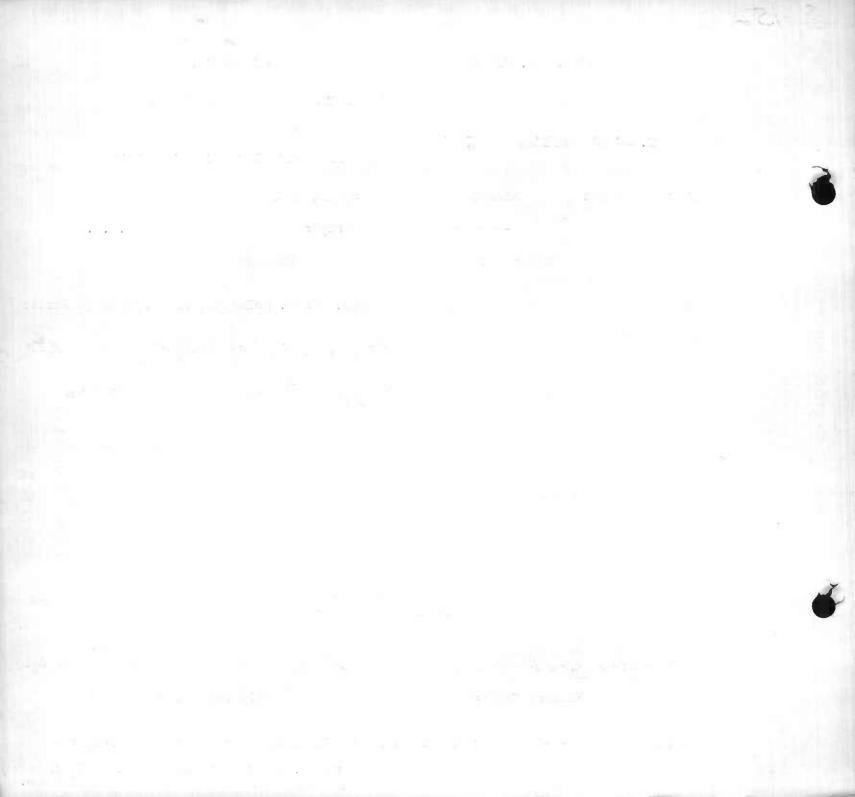
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Hepotic Cours Single Alcoholic Eurlions Access PREMIURINA 00 62/01 00 0/01 62/01 10/20/60 Harmon & Eyre 601 North Broadway Balter 1841

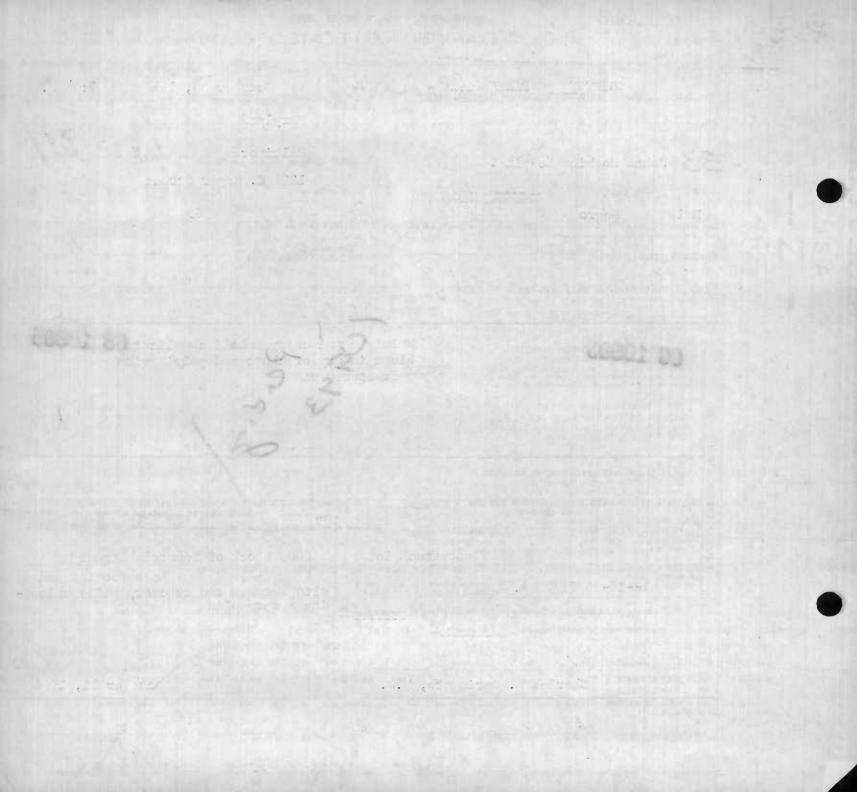
VS 150-REV. 1/1



	ME OF DEC		HN R. HU	IDSON	2.	NOVEMBER 1			
. PL	ACE OF DE	ATH IN BALTIMORE, M		DOON	NOVEMBER 1, 1966  A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)  A. STATE  B. COUNTY				
	JLL NAME O	OF (If not in hospite oddress or locot	al at institution	, give street	MARYLA				
	STITUTION	0001033 01 10001			BALT TM		WINE TORA	all and give lownship	
7		3646 GREENVA	ATE ROAT	21229	D. STREET ADDRES	0	ion)		
		3040 GIGILITY	10111	, 2122)	3646 GR	EENVALE ROAD,	21229	)	
M.	x ALE	6. RACE WHITE		D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH AUGUST 2,	9. AGE (In yeo last birthday)	rs If	Under 1 Yr. If Under 24 Hr onths Doys Hours Min.	
		UPATION (Give kind of w	ark 10B. KIND	OF BUSINESS OR INDUSTRY			_	2. CITIZEN OF WHAT COUNTRY?	
ione	PRINT	working lite, even if retired ER			MARYLAN	D		U.S.A.	
3. F/	ATHER'S NA				14. MOTHER'S MA	<u> </u>			
		ROB	ERT WILI	LIAM HUDSON	CATH	ERINE DRENNEN	ſ		
5. W	as Deceases	Ever in U. S. Armed F	forces?	1 6. SOCIAL	17. INFORMANT			ADDRESS	
Tes,	NO NO	n) (If yes, give wor or do	oles of service)	215-10-0022		A. BOUNDS, SR	3646	GREENVALE ROAD	
1	B. 42	0.11		CAUSE O	FDEATH			INTERVAL BETWEEN ONSET AND DEATH	
	DISEA	SE OR CONDITION DEAT		()	rmary F	Pirmbosi	1	1744	
		nal mean the made			Corce of 1				
					16				
		, asthenia, etc. II mean mplicalian which cause			Do	was lit	^	1. quantles	
	injury ar car		ed death.)	e, Che	roue Id	yocarditis		6 months	
l	injury ar car	mplication which cause	ed death.) ES	(B) Cle	roue In	yocarditis	180.	6 months	
i	DISEASES	ANTECEDENT CAUSION CONDITIONS, if the above cause (A	ed death.) ES f any, givin	OUE TO	roue Id	yocarditis tie C.V. Des	esie	6 months 5 years	
i	DISEASES	mplication which cause ANTECEDENT CAUS OR CONDITIONS, if the above cause (A G CONDITION last.	ed death.) ES f any, givin	OUE TO	roue od	yocarditis tie C.V. De	reain	6 months 5 years	
ON	DISEASES rise to Ih UNDERLYIN OTHER SIGN TO THE C	ANTECEDENT CAUS  OR CONDITIONS, if the abave cause (A G CONDITION last.  III	ed death.) ES f any, givin h) stating Ih CONTRIBUTII	g (c) Ch	roue of	yocarditis tie C.V. Den	lean	6 months 5 years	
CATION	DISEASES rise to the UN DERLYIN OTHER SIGN TO THE C DISEASE OR	ANTECEDENT CAUS  OR CONDITIONS, if the abave cause (A G CONDITION last.  II IIIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING F OPERATION 198. CC	ed death.) ES f any, givin h) stating th  CONTRIBUTII LLATED TO T	g (c) Ch	roue Ith	yocardites tec (1. V. Des	WERE FIND	6 mintles 5 years  DINGS CONSIDERED S OF DEATH?	
CERTIFICATION	DISEASES rise to the UN DERLYIN  OTHER SIGN TO THE D DISEASE OR 9A-DATE O	ANTECEDENT CAUS  OR CONDITIONS, if the abave cause (A G CONDITION last.  II IIIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING F OPERATION 198. CC	ed death.) ES f any, givin A) stating Ih CONTRIBUTION LICATED TO TO SIT. DNDITTION FOR ERFORMED	e,  (B)  DUE TO  G  (C)  NG  THE	or obout 21C. WHE	RE DID (If in		Countles 5 years  DINGS CONSIDERED S OF DEATH?  ty, give exoct locotion)	
EDICAL CERTIFICATION	DISEASES rise to the UN DERLYIN  OTHER SIGN TO THE D DISEASE OR 9A-DATE O  21A-ACCIDE DR CONTRIB DEATH (notif	ANTECEDENT CAUS  OR CONDITIONS, if the abave cause (A G CONDITION last.  III IIIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING F OPERATION 198. CO WAS PI	ed death.) ES  { any, givin h) stating th  CONTRIBUTIL LATED TO TO S IT.  DNDITION FOR ERFORMED	B DUE TO  G (C)  NG (HE  WHICH OPERATION  IB. PLACE OF INJURY (e.g., in time, form, foctory, street, of	n of obout 21C. WHE fice bldg., INJURY O	RE DID (If in			
MEDICAL CERTIFICATION	DISEASES rise to Ih UN DERLYIN OTHER SIGN TO THE D DISEASE OR 9A. DATE O 21A. ACCIDE OR CONTRIB DEATH (notif	ANTECEDENT CAUS  OR CONDITIONS, if the abave cause (A G CONDITION last.  IIIIICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING F OPERATION 198. COVARD (WAS P)  ENT WAS UNDERLYING UTING CAUSE OF y medical exominer)	ed death.) ES f any, givin A) stating Ih  CONTRIBUTION END TO TO BIT.  DINDITION FOR ERFORMED  22 hc cet	NG HE  WHICH OPERATION  IB. PLACE OF INJURY (e.g., in arme, form, foctory, street, of ic.)	n or obout 21C. WHE fice bidg., INJURY O	RE DID (If in I			
MEDICAL CERTIFICATION	DISEASES rise to Ih UN DERLYIN  OTHER SIGN TO THE D DISEASE OR 9A. DATE O  21 A. ACCIDE OR CONTRIB DEATH (notif	ANTECEDENT CAUS  OR CONDITIONS, if the abave cause (A G CONDITION last.  III IIIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING F OPERATION 179B. CO WAS P.  INT WAS UNDERLYING UTING CAUSE OF y medical examiner)  (Month) (Day) (Yea	ed death.) ES f any, givin (A) stating the contribution for the contribu	NG (HE  WHICH OPERATION  I.B. PLACE OF INJURY (e.g., in ame, form, foctory, street, of ic.)  I.E. INJURY OCCURRED  While At Not While	or obout 21C. WHE fice bldg., INJURY O	RE DID (If in I		ty, give exoct locotion)	
MEDICAL CERTIFICATION	DISEASES rise to Ih UNDERLYIN  OTHER SIGN TO THE D DISEASE OF 9A-DATE O  21A. ACCIDE OR CONTRIB DEATH (notif	ANTECEDENT CAUS  OR CONDITIONS, if the abave cause (A G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ed death.) ES  { any, givin h) stating th  CONTRIBUTIL LATED TO TO 5 IT.  DNDITION FOR ERFORMED  2 h h or) (Hour) 21 V v tal) attended	B. PLACE OF INJURY (e.g., ir.c.)  IB. PLACE OF INJURY (e.g., ir.c.)  IE. INJURY OCCURRED  While At Not While At Work  the deceased fram	an or obout 21 C. WHE fice bldg, INJURY O	RE DID (If in I) CCUR?  / DID INJURY OCCUR?	Boltimore Ci	ty, give exect locotion)	
MEDICAL CERTIFICATION	DISEASES rise to the UN DERLYIN  OTHER SIGN TO THE D DISEASE OR 9A. DATE O  21A. ACCIDE DOR CONTRIB DEATH (notify LAPPROX.)  22. I certify that (1) (we	ANTECEDENT CAUS  OR CONDITIONS, if the abave cause (A G CONDITION last.  IIIIICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING F OPERATION 198. UTING CAUSE OF y medical examiner)  (Month) (Doy) (Yea y that (I) (this haspit	ed death.)  ES  f any, givin A) stating th  CONTRIBUTION ELATED TO TO SIT.  ONDITION FOR ERFORMED  (Hour) 21  V  V  v  et all) attended eseed alive an	IB. PLACE OF INJURY (e.g., in annex, form, foctory, street, of ic.)  While At At Work  The deceased fram	21F. HOW	RE DID OCCUR? (If in 1)  / DID INJURY OCCUR?  19 66 ta	Boltimore Ci	ty, give exect locotion)	
MEDICAL CERTIFICATION	DISEASES rise to the UN DERLYIN  OTHER SIGN TO THE D DISEASE OR 9A. DATE O  21A. ACCIDE DOR CONTRIB DEATH (notify LAPPROX.)  22. I certify that (1) (we	ANTECEDENT CAUSI OR CONDITIONS, if the abave cause (A G CONDITION last.  IIIIICANT CONDITIONS DEATH BUT NOT RECONDITION CAUSING FOPERATION 198. COWAS PICTURE (MONTH) (Doy) (Yearly that (I) (this haspital) last saw the deceated from the causes st	ed death.)  ES  f any, givin A) stating th  CONTRIBUTION ELATED TO TO SIT.  ONDITION FOR ERFORMED  (Hour) 21  V  V  v  et all) attended eseed alive an	B. PLACE OF INJURY (e.g., ir.c.)  IB. PLACE OF INJURY (e.g., ir.c.)  IE. INJURY OCCURRED  While At Not While At Work  the deceased fram	21F. HOW	RE DID OCCUR? (If in 1)  / DID INJURY OCCUR?  19 66 ta	Boltimore Cil	ty, give exect locotion)	
MEDICAL CERTIFICATION	DISEASES rise to the UN DERLYIN  OTHER SIGN TO THE D DISEASE OR 9A. DATE O  PA. DATE O  PA	ANTECEDENT CAUSI OR CONDITIONS, if the abave cause (A G CONDITION last.  IIIIICANT CONDITIONS DEATH BUT NOT RECONDITION CAUSING FOPERATION 198. COWAS PICTURE (MONTH) (Doy) (Yearly that (I) (this haspital) last saw the deceated from the causes st	ed death.)  ES  f any, givin A) stating th  CONTRIBUTION ELATED TO TO SIT.  ONDITION FOR ERFORMED  (Hour) 21  V  V  v  et all) attended eseed alive an	B. PLACE OF INJURY (e.g., in an	21F. HOW  19 66  19 66  iew the bady after	RE DID OCCUR?  (If in 1) OCCUR?	Boltimore Cil	ty, give exoct locotion)  19 66  In death occurred an the di	
MEDICAL CERTIFICATION	DISEASES rise to the UN DERLYIN  OTHER SIGN TO THE DISEASE OR 9A. DATE OF CONTRIB DEATH (notification) and hour and hour and the Contribution of t	ANTECEDENT CAUSI OR CONDITIONS, if the abave cause (A G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ed death.)  ES  f any, givin A) stating th  CONTRIBUTION ELATED TO TO SIT.  ONDITION FOR ERFORMED  (Hour) 21  V  V  v  et all) attended eseed alive an	B. CLO DUE TO  G. CC.  NG ONG ONG ONG ONG ONG ONG ONG ONG ONG	21F. HOW  19 66  19 66  iew the bady after	RE DID OCCUR?  (If in 1) OCCUR?	Boltimore Cil	ty, give exact location)  19 CC  In death occurred an the d	
MEDICAL CERTIFICATION	DISEASES rise to Ih UN DERLYIN  OTHER SIGN TO THE D DISEASE OR 9A. DATE O  21A. ACCIDE OR CONTRIB DEATH (notif 21D. TIME DE TINJURY (APPROX.)  22. I certify hat (I) (we	ANTECEDENT CAUSI  OR CONDITIONS, if the abave cause (A G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ES  ( any, givin A) stating Ih  CONTRIBUTII LATED TO TO SIT.  DNDITION FOR ERFORMED  (Hour) 21 V V  tal) attended esed alive an tated abave.	B. PLACE OF INJURY (e.g., in an	21F. HOW  19 Location in the bady after sinding Medical Management of the bady after sinding Medical Management of the bady after sinding Medical Medi	RE DID OCCUR?  (If in 1) OCCUR?	Rollimore Cit	n death occurred an the d	
MEDICAL CERTIFICATION	DISEASES rise to Ih UN DERLYIN  OTHER SIGN TO THE C DISEASE OF 9A. DATE O  DISEASE OF 9A. DATE O  DISEASE OF 105 INMED 105 INMED 105 INMED 106 INMED 107 INMED 108 INMED 109 INM	ANTECEDENT CAUSI OR CONDITIONS, if above cause (A G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	COOLAHA	B. PLACE OF INJURY (e.g., in an	21F. HOW  19 Company Med St. Address St. A	RE DID OCCUR?  (If in 1)  (If in 1)  (DID INJURY OCCUR?  19 66 ta	Boltimore Cit  ur) apiniar  231	ty, give exoct locotion)  19 CC  In death occurred an the d  B. DATE SIGNED,	
MEDICAL CERTIFICATION	DISEASES rise to the UN DERLYIN  OTHER SIGN TO THE D DISEASE OR 9A-DATE O  PA-DATE O  PA	ANTECEDENT CAUSI OR CONDITIONS, if above cause (A G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ed death.) ES  ( any, givin h) stating th  CONTRIBUTIL LATED TO TO SIT.  DNDITION FOR ERFORMED  (Hour) 21 V V  tal) attended used alive an tated abave.  COOLAHA  24C.1	B. PLACE OF INJURY (e.g., in an	21F. HOW 22F. HOW	In the state of th	Boltimore Cit  Ur) apiniar  231  AVENUE  (City, 1	n death occurred an the d	

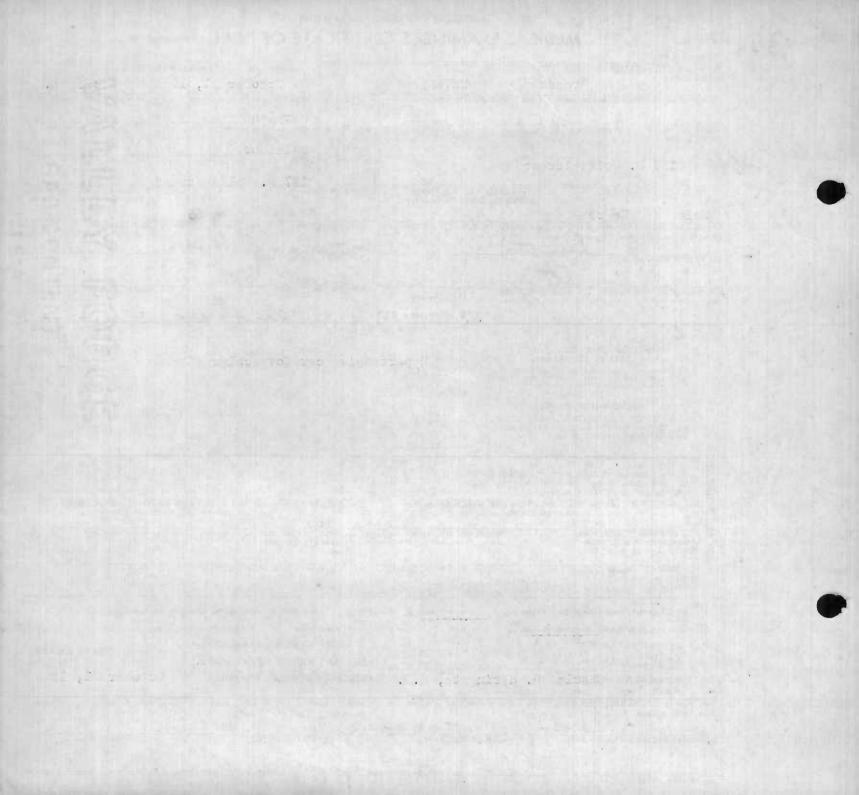
Cornery Thrembons 1 Doc Charil Myrondets Com The John F. Cralabian, Just X = 11/1/66

,1	66 10993 BALTIMORE CITY HEALTH DEPARTMENT 66 10993
4-139	BIRTH NO.  MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
145	1. NAME OF DECEASED  (Type or Print)  2. DATE AND HOUR PRONOUNCED DEAD
6.1.	CLIFTON PARKER (COPELARIA) October 30, 1966 7:38 P. M.  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE  B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN IN outside corporate limits, write RURAL and give township)
	Johns Hopkins Hospital  Baltimore  D. STREET ADDRESS (If rurol, give locoson)
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Months, Doys Hours, Min.
	Male Negro 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
	done during most of working life, even if refired)  Portsmutte Va-  WHAT COUNTRY?
	13. FATHER'S NAME
	Thomas Parker
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.
	1 1/25 Tester Williams Source
	CAUSE OF DEATH  Multiple and Death  Note that the service of the s
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  Multiple pulmonary emboli complicating  blunt injury of chest and pelvis with
	(This does not meon the mode of dying e.g., heart failure, asthenia, etc. It means the disease.
	injury or complication which coused death.)
	ANTECENDENT CAUSES (B)
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE IA) STATING THE UNDERLYING CONDITION LAST.
	(C)
	O III
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION Yes 19A. DATE OF OPERATION Yes 19A. DATE OF OPERATION Yes
	21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID lif in Boltimore City, give exact location) home, form, foctory, street, office bldg, INJURY OCCUR?  Plant truck lot  2000 Block of Fountain Street
	OF INJURY OCCURRED 21F. HOW DID INJURY OCCURRED Lost footing and
	(APPROX.) 10-18-66 9:30 A. m. WHILE AT X NOT WHILE Slid between two tractors while unloaded
	22.   certify that I held on Inquiry   Inspection   Autopsy   ing a tarpaulin and that on this bosis, death in my opinion
	resulted from: Natural couses Accident X Suicide Homicide Undetermined manner
	ACTUAL COLL CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X
	EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER October 31, 1966
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION 1City, town, or county) (Stote)
	Bruil 16-4-66 B. Net Carl Broth mal
	24A. DATE REC'D BY HEALTH DEPT.   24B. NAME OF REGISTRAR   24C. FUNERAL DIRECTOR   ADDRESS
	20 2 Freduna Choy Co. Wilson 1000 Branttonk



I NO.	MEDICA	L EXAMINER'S	CERTIFICATE	OF	DE
CACE NO					

	66	10994		BALTIMORE CITY HEAL	TH DEPARTMEN	Т		66	109	94
BIRT	H NO.	MED	CAL EX	(AMINER'S CI	ERTIFICAT	E OF DE	ATH Registe			
M,1	CASE NO.							W. Ballin		
	NAME OF DEC						OUR PRONOUNCE			
		Ernest		STEVENS			r 31, 1966		9:35	A. M.
3. P	LACE IN BALTI	MORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDI	ENCE (Where deci	eosed lived. If insti B. COU	tution: reside	ence before o	odmi s sio n)
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTION)	JTION, GIVE STREET		Maryland ON (If outside co	rparate limits, write	RURAL and	give towns	hip)
3						Baltimore		10-	-0	
1	137 N	N. Wolfe Stre	et			tESS (If rurol, give				1
5. S	ev	6. RACE	T AAADDIED	NEVER MARRIED	B. DATE OF BIRTH	137 N. Wo	1fe Street	li Under 1	Ye, If Unde	24 14
5. 5	EA	o. KACE		DIVORCED (specify)	B. DATE OF BIRTH		lost birthday)	Months D	ays   Haurs	Min.
	la1e	Negro	Des	y Cl			65	10 000		
		rarking life, even, it retired)	1 OK KIND OF	BUSINESS OR INDUSTRY	II. BIRTHPLACE	State or toreign co	ountry	12. CITIZEN	COUNTRY?	,
20		Liler	4C		Henterell	2 x la	coluce	- di	13/1	
13,1	FATHER'S NAM	12			14. MOTHER'S M	A-I	1)			
3.6	Wille	our Ale	un		Much	ell- por	rucen	A D D D D C C C		
		O EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORM ANT	. 0	1-1	ADDRESS		
		RI		579-10-1875	alkee,	mile s	lerens 1	8,25 €	Leur	delit
	1B. 4 4	2 X .		CAUSE	OF DEATH		200		NTERVAL BI	
	DISEAS	E OR CONDITION DI	RECTLY							
	(This does n	LEADING TO DEATH		(A) Hypert	ensive car	rdiovascu	lar diseas	se		
	heart failure,	asthenia, etc. It means	the disease,	DOE 10						
	A	NTECENDENT CAUSE	:S	19)						
		OR CONDITIONS, IF A		DUE TO			•••••			
_		G CONDITION LAST.		(C)						
Ó		il	- 4 3	1 4/2000000000000000000000000000000000000						
CERTIFICATION	TO THE	VIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO 1							
CERT	19A. DATE OF	OPERATION 198. CON WAS PER		WHICH OPERATION	20A. AUTOPSY		IF YES, WERE FIN			
EDICAL	21A, EXTERNAL UNDERLYING UTING CAU	OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., e, farm, factory, street, c	in or obaut 21C. W	HERE DID (If in	Baltimare City, gi	ve exact lac	ation)	
M	21 D TIME	(Month) (Day) (Yeo	r) (Hour) 2	TE. INJURY OCCURRED	21 F. H.C	OW DID INJURY	OCCUR?			
	OF INJURY (APPROX.)			WHILE AT NOT	WHILE ORK					
	22, 1 cert	ify that I held an I	nquiry 🗌	Inspection X Aut	opsy and	that an this b	asis, death in m	ny apinian		
	result	red fram: Natural ca	uses X	Accident Suicid			etermined manne	er 🗌		
	ACTUAL		1.6	with M.D.	ASSISTANT MI	EDICAL EXAM EDICAL EXAM			DATE SI	GNED
	EXAMIN NAME (1	ER'S Charles	S. Spri	ngate, M.D.	ASSOCIATE M			October	31, 1	.966
	BURIAL CRE	MATION, 23B. DATE	23	C. NAME OF CEMETERY O	CREMATORY	23 D. LOC	ATION (City,	tawn, ar ca	unty)	(State)
KEI	MOVAL (Specify	2 11-3-	1.1.	mt Co. L.		B	work din	n	u X	
24/	A. DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR	reign	AD	DRESS	
		NOV 3 1968	Relie	B E. Farburn	Pho	is (Oly)	ilso,	1172 F	Men	tup.
140	2.02 Best 2.42.4		Tip I		7 1 1	1				100

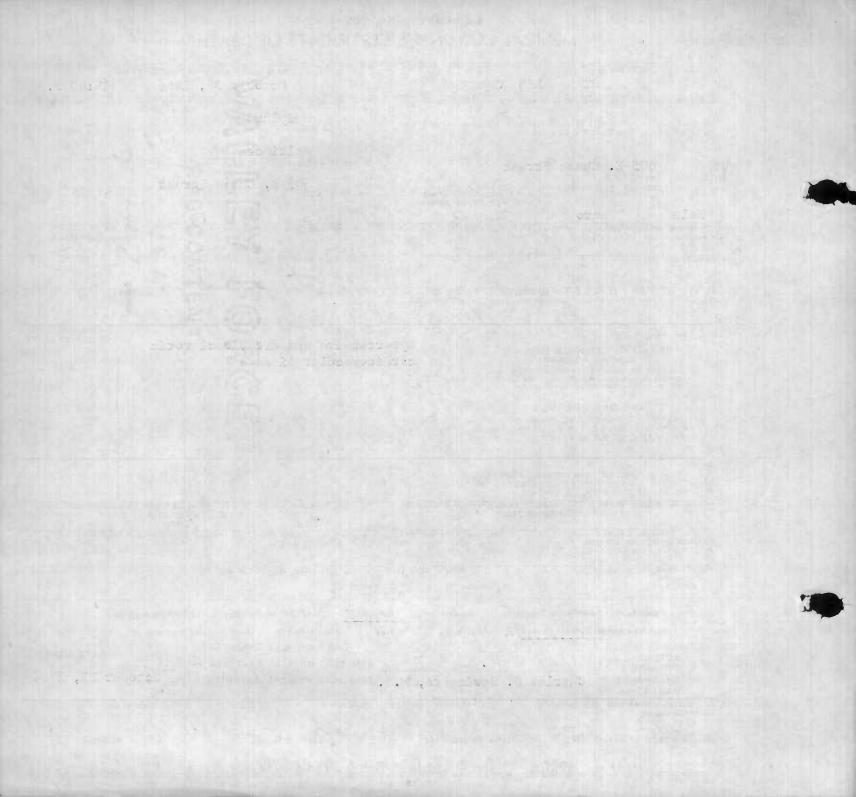


N 1	86 10995  BALTIMORE CITY HEALTH DEPARTMENT  MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 10995
11-245	M.E. CASE NO.  1. NAME OF DECEASED  12. DATE AND, HOUR PRONOUNCED DEAD
	(Type or Print)  PRISCILLIT NICHOLS ON  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased livery. If institution: residence before admission)  A. STATE  A. STATE
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN (If outside corporate limits, write REPAL and give township)
0	1432 Barnes Street Ballinge 10-02 1432 Barnes Street 1432 Barnes Street
	5. SEX 6. RACE Colored 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) 1908 9. AGE (In yeors lost with day) Months, Doys, Hours, Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign count)  12. CITIZEN OF WHAT COUNTRY?  WHAT COUNTRY?
	13. FATHER'S NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  217- 109-8842 January Folymor-3713/Danlat Ov
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  CAUSE OF DEATH  INTERVAL BETWEEN ONSET AND DEATH
	(This does not meon the mode of dying e.g., heart foilure, osthenio, etc. It meons the disease, injury or complication which coused death.)  ANTECENDENT CAUSES
	ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE
	UNDERLYING CONDITION LAST.  (C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No! 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.    home, form, foctory, street, office bldg., NJURY OCCUR?   etc.    office bldg., NJURY OCCUR?   office bldg., NJURY OCCUR?
	OF INJURY (APPROX.)  WHILE AT NOT WHILE AT WORK  22.
	certify that I held on Inquiry   Inspection   Autopsy   and that on this basis, death in my apinion   resulted from: Natural causes   Accident   Suicide   Homicide   Undetermined monner
	ACTUAL SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  10. 2 9. 66
	NAME (Type) Werner U. Spitz, M. D.  23A. BURIAL CREMATION, 23B. DATE 23C, NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
	Burner 11-3-66 Westerm Store Cate Maryland Address 24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS
	· NOV 3 1966 Robert E Fadeure - Chay & do Sor 100 Bran Atel

det 52/66 825 6 PRIEDIEUT NICHELSEN Mary Court Balkemore 10+ 3 1432 Sarnes Street 1432 Rapper Street Temple Lectural Colorios Greta 24. 5 5 74

## BALTIMORE CITY HEALTH DEPARTMENT AMEDICAL EXAMINED'S CERTIFICATE OF DEATH Paristered No. 10996

BIRTH NO.	WEDI	ICAL EXA	WILLEK 2 C	EKTIFICA	IE OF	DEATH Registered	No.
M.E. CASE NO.							
1. NAME OF DE		LEE JACOBS	3			per 30, 1966	12:40 P.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNCE	D DEAD	A. STATE		B. COUNTY	n: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTION	, GIVE STREET	C. CITY OR TO	Maryland WN (M outsid Baltimo)	le corporote limits, write RU	RAL ond give township)
60	05 E. Chase St	treet		D. STREET ADE			9 9
						Chase Street	
5. SEX Male	6. RACE Negro	7. MARRIED, NEV	RCED(specify)	may 2	2 1000		Under 1 Yr. If Under 24 Hrs onths Days Hours Min.
	CUPATION (Give kind of world	108. KIND OF BUS			(Stote or forei		CITIZEN OF
	working life, even if retifed	be		morth	Canot	luce	WHAT COUNTRY?
13. FATHER'S NA	nus Joule	7		14. MOTHER'S A	ALL L	Illoura	
15. WAS DECEAS	ED EVER IN U.S. ARMED		OCIAL	17. INFORMANT	· ·	AC	DORESS
(Yes, no ar unknaw	n) (If yes, give war or date	s of service)	ECURITY NO.	n.	V.	12/2 1302	Lemma Let.
1B. // //	7-0		1-0-7-1805	OF DEATH	Survis	Dylf 1 300	INTERVAL BETWEEN
77	ASE OR CONDITION DI	DECTI V			and arte	eriosclerotic	ONSET AND DEATH
Distr	LEADING TO DEATH		(A) card:	iovascula:	r diseas	se	
heart foilure	nat meon the made of e, osthenio, etc. It meons omplication which caused	the diseose,	DUE TO				
	ANTECENIDENT CALLS	c					
DISEASES RISE TO TH	OR CONDITIONS, IF A HE ABOVE CAUSE IA) S'	NY, GIVING	(B) DUE TO		•••••••••		
	ING CONDITION LAST.		(C)				·
2	II .						
O THE	SNIFICANT CONDITIONS DEATH BUT NOT RE DR CONDITION CAUSING	LATED TO THE			· · · · · · · · · · · · · · · · · · ·	•	
19A. DATE O	F OPERATION 198, CON WAS PER		H OPERATION		Y? (Yes or No)	120B. IF YES, WERE FINDING IN CERTIFYING CAUSES YES	
UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. PLAC home, for etc.)	E OF INJURY (e.g., m, foctory, street,	in or about 21C.	WHERE DID	Ilf in Boltimare City, give e	xact location)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yea	r) (Haur) 21E. II	NJURY OCCURRED		TON DID INJ	URY OCCUR?	
22.		m. WORK	AT W	WHILE ORK			
l ce	rtify that I held an I		spection Au			is bosis, death In my o	pinlon
resu	Ited from: Natural co	uses X Accid	lent Sulcid			Undetermined monner	
ACTUA SIGNA		e J. La	Tal M.D	ASSISTANT	MEDICAL E	XAMINER X	DATE SIGNED
EXAMI NAME	NER'S Charle	es S. Sprin	ngate, M.D				tober 31, 1966
23A. BURIAL CR	EMATION, 23B. DATE	23C. N	ME of CEMETERY	OF CREMATORY	/ 23 D. I	OCATION (City, tow	rn, or county) (Stote)
Beneral (Speci	2 11-4	-66 h	of Culius	n Cal		Balle m	ex
24A. DATE REC'I	D BY HEALTH DEPT.	24B, NAME OF R	EGISTRAR	24C. FUNE	RAL DIRECTO	7	ADDRESS
	NOV 0 1066	1090 18-8	5 Ta. Ospan	3-18/00	10/18	Willow 1911	Beenting



M.E. CASE NO. 1. NAME OF DECEASED 3. PLACE IN BALTIMORE

FULL NAME OF HOSPITAL OR INSTITUTION

Male

IOA. USUAL OCCUPATION done during most of working life 13. FATHER'S NAM

15. WAS DECEASED EVER I (Yes, no or unknown), (If yes, VO

> DISEASE OR C (This does not mean heart failure, asthenia injury or complication

> ANTECEN DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON

5. SEX

ADD

710 E.

6. RACE

N

			2. DATE A	AND HOUR PRONOU	NCED DEAD
	CURTIS	PARKER	Oct	ober 28, 19	7:35 A. M.
AARY	LAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. If	institution: residence before odmission)
OT IN	N HOSPITAL OR INSTITUT OR LOCATION)	TION, GIVE STREET	C. CITY OR TOWN (1) out	nd side corporate limits,	write RURAL and give township)
Rid	dle Street		Baltin D. STREET ADDRESS (If rus	ore	0 01
DIG	are pereer			Biddle St.	
egr	WIDO WED, D	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year	Months Doys Hours Min.
	kind of work 10B. KIND OF if retired)	BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?
	S. ARMED FORCES?	M BETS 16. SOCIAL SECURITY NO.	17. INFORMANT	Parker Parker	ADDRESS 3 AM C
11		CAUSI	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
the	TION DIRECTLY D DEATH mode of dying, e.g., It means the disease, coused death.)	(A) Bi	lateral otitis	media (SD)	
DITIO	T CAUSES ONS, IF ANY, GIVING USE (A) STATING THE IN LAST.	(B)DUE TO			
II		1			
CON	NOT RELATED TO THE CAUSING IT.			***************************************	
	198, CONDITION FOR W WAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED AUSES OF DEATH?

OTHER SIGNIFICANT

UTING CAUSE OF DEATH.

SIGNATURE

(Month)

21D TIME

OF INJURY

22.

CERTIFICATION

DISEASE OR CONDI 19A. DATE OF OPERATI

(Doy)

I certify that I held an Inquiry

21 A. EXTERNAL CAUSE WAS

home, form, factory, street, office bidg, INJURY OCCUR? 21F. HOW DID INJURY OCCUR?

Autapsy X

Hyburn Cam

21E. INJURY OCCURRED

Inspection

WHILE AT NOT WHILE

resulted fram: Natural causes X Accident ACTUAL

Suicide Hamlcide \_\_\_

and that an this basis, death in my opinlan Undetermined manner

13 x Lto.

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER

DATE SIGNED

EXAMINER'S Charles S. Springate, M.D. NAME (Type) 23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY OF CREMATORY

23 D. LOCATION (City, town, or county)

nd

10-31-66 BuriAL 24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR

24C. FUNERAL DIRECTOR

October 28, 1966

REMOVAL (Specify)

a seessi official to it alto detail a detail 

-				AORE CITY HE	LTH DEPARTMEN	T		
BIRTH	NO.	66 10998	CERT	TIFICATE	OF DEATH	Registered N	. 55	10998
1.NAA	CASE NO. AE OF DECEASED or Print)		,		2. DATE	AND HOUR OF DEAT	тн	20
	K117	14 NO	edison		Oc	1. 29,1	966	8 A N
3. PLA	CE OF DEATH IN B	ALTIMORE, MARYLAN	ID		STATE B. CO	Where deceased lived. II OUNTY	institution; res	sidence befare admissian
HO	L NAME OF (IF SPITAL OR od TITUT)ON	nat in hospitol or inst Idress or locotion)	itution, give street	C.	Mary Cour	f outside city limits, writ	e RURAL ad	givi township)
4					Sceltin	were.	L'	0
5	ruai A	los pital	1	D.	STREET ADDRESS	Dal Cio lel	Are	
5. SEX	6. RACE		ARRIED, NEVER MARR		ATE OF BIRTH	9. AGE (In years lost birthday)	If Under Manths	1 Yr. If Under 24 Hrs. Days Haurs Min.
^	4 11	legro.	Merried		5/5/09	57.		
	SUAL OCCUPATION uring most of working life		IND OF BUSINESS OR	INDUSTRY 11.	BIRTHPLACE (State or	foreign cauntry)	12. CITIZ WHA	EN OF T COUNTRY?
4	Salesma	u F	vanklou	TV	Moolle.	Cevolina	. (	RSA.
13. FA	THERS NAME	1/		14.	MOTHERS MAIDEN	NAME		
15. Wo	s Deceased Ever in L	J. S. Armed Forces?	1 6. SOCIAL	17.	NFORMANT D	L / a fe	*	ADDRESS
(Yes, no	or unknown) (If yes,	give wor or dotes of s	ervice) SECURITY	NO.	illa.	b:	1	
118	1100 =	1		CAUSE OF DI	ATH	my,	seen	NTERVAL BETWEEN
	DISEASE OR CO	ONDITION DIRECTL	Υ					ONSET AND DEATH
	LEADIN	G TO DEATH	( A	mi	Jeavelra	Tukar	Ctic	1 ho
		the mode of dying , etc. It means the d		UE TO		1		
		which caused death		Solo	5100-1	2	16 H	1000
	ANTECE	DENT CAUSES	(B	UE TO	010500	rie Lec 1	ANTEO 1	dear.
		DITIONS, if any,			reade.			
	NDERLYING COND	couse (A) statis	ng the (C					
7		11						
S 1	O THE DEATH E	CONDITIONS CONTR BUT NOT RELATED						Printer.
V 19	A.DATE OF OPERATI		N FOR WHICH OPERA	TION	OA. AUTOPSY? (Yes	or No) 208. IF YES, WEI	RE FINDINGS	CONSIDERED
ERTIFI	5 —	WAS PERFORM			no	IN CERTIFYING	CAUSES OF D	EATH?
U 21	A. ACCIDENT WAS R CONTRIBUTING EATH (notify medical	CAUSE OF	218. PLACE OF IN home, form, foctor etc.)	JURY (e.g., in or y, street, affice	bldg., INJURY OCCU	D (If in Boltin	nore City, give	exact location)
D 21		(Doy) (Year) (Ho	11) 21E. INJURY OCC	URRED	21F. HOW DID	INJURY OCCUR?		
5 0	F INJURY PPROX.)		While At Work	Not While	_	and the same of th	_	
22	. I certify that (I)	(this hospital) otte	inded the deceased	from OC	espec 2	9 19 Celo to C	Oct-29	19.66
th	ot (I) (we) lost so	w the deceased oli	ve on Oct-	29 E				h occurred on the dot
			oove. (I) (We) (did)					
	A. SIGNATURE	. 10	0.0				23 B. DATE	SIGNED
	SAUNTE	H. Kore	0/61,00	M.D. Attending	Med.	Stoff Phys.	10	129/66
23	C. PHYSICIAN'S NAME (Type)	10-10-1	1		ADDRESS	11	101	1611
	Erwin	H. Hess	Plbero	M.D.	Source	HOS N	fol	
	URIAL CREMATION,	24B, DATE	24C. NAME OF CEME	TERY OF CREMA	ORY 24	D. LOCATION	(City, town, or	county) (Stote)
1	Buriol	11-2-66	Ballo	pat (a	ul	Ball.	mel	
25A F	ATE REC'D BY HEAT	TH DEPT JOSE I	AAAE OF BEGISTBAB		OCC FUNERAL DIREC	TOP	-	ADDRESS



66 10999	BALTIMORE CIT	Y HEALTH DEPARTMENT		00 10000
BIRTH NO.  M.E. CASE NO.	CERTIFICA	ATE OF DEATH	Registered Na	66 10999
1. NAME OF DECEASED Type or Print	Henson	2. DATE AN	29/66	1 7.00 p.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If instit	ution: residence before admissi
FULL NAME OF (If not in hospital or instituted and institution)  INSTITUTION	tion, give street	C. CITY OR TOWN OU OU	end. tside city limits, write RUR	(AL an give township)
27m 4/	oito	D. STREET ADDRESS (IF	MARL ruel, give logation)	1507
Mercy Han	quae	2113 W	allison	Rane.
Male Calary 7. MAR	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	f Under 1 Yr. If Under 24 F Nanths Days Haurs Min.
IGA. USUAL OCCUPATION (Give kind of work 10 B. KIN done during bost of yorking life, even if refired)	-1	11. BIRTHPLACE (Stote or fore	ign coughty)	2. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	udson	14. MOTHER'S MAIDEN NA	glan N.C.	1
Clarence 7	Venson	Emmi	Matte	reus
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of serv	rice) SECURITY NO.	17. INFORMANT		ADDRESS
No	15-07-708	Helen He	nson	Same
DISEASE OR CONDITION DIRECTLY	CAUSE	OF DEATH		INTERVAL BETWEEN
LEADING TO DEATH	(A) (A)	ronary Ihron	n hos 15	10/29/66
This does not mean the mode of this heart failure, asthenia, etc. II mean he die injury or complication which coused death)	OSE DUE TO			
ANTECEDENT CAUSES	B ARI	Teriosclerusis	hit de agrapa de la compunsió de computació de agrapa de la computació de agrapa de la computació de agrapa de	000 H 100 000 000 000 00 0 0 0 0 0 0 0 0
DISEASES OR CONDITIONS, if envir	iving		PERIKASION	
UNDERLYING CONDITION last.	TO AS	SEN114- 1091	DERIVE STORY	
11 79	2 医皮盖			
OTHER SIGNIFICANT CONDITIONS SO THE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	3			
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	DINGS CONSIDERED
WAS PERFO	元 .	in or about 21 C. WHERE DID	(If in Baltimare C	ity, give exact lacation)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home form, foctory, street,	in ar about 21 C. WHERE DID office bldg., INJURY OCCUR?		,, ,
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	77 12 7
(APPROX)	While At Not Wh		, ,	,
22. I certify that (I) (this hospital) attend	ded the deceased from	1/17	196 6 to 10	129 198
that (I) (we) last saw the deceased alive	on /0/291	19 6 6 and th	at In(my) (our) opinio	in death occurred on the
and heur and from the couses stated about	ve. (I) (We) (did) (did not)	view the body ofter deoth.		
23A/SIGNATURE	1 . M.D. AI	lending Med.	Stoff	BR. DATE SIGNED
Miller of Janfre	Ph	ys. Director 23D. ADDRESS	Phys.	19110
CILBERT L. BAN	FIRED M.D	722 1/	Fullen	are Bulf212,
24A. BURIAL CREMATION, 24B. DATE	C. NAME of CEMETERY OF C	REMATORY 24D. L	OCATION (City,	town, or county) (State
Burial 11/2/66/	Mutus	Mem Il. 12	altimar	e my
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	256. FUNERAL DIRECTOR	~ 1.01 al -	ADDRESS
NOV 3 1966 R.C.	mb.E. Farkung	Millington	is Thellips	112/11.1480
13 130-KEV. 1/1/03		//		



